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ABSTRACT

This compilation of checklists was designed to facilitate internal agency improvements by providing a convenient and efficient framework for self-assessment of child welfare services. Checklists in question format are organized into seven sections arranged to reflect the sequence of decisions or activities that occur in an agency offering child welfare services. Following the introduction, the sections on emergency/protective services and intake/service choice are devoted to agency activities from initial service contact to ongoing service provision. The next four sections present the main service areas: in-home services, foster family care, adoption, and residential group care. The final section on case management/administration covers matters of general concern to all divisions of an agency providing child welfare services. Each checklist includes goals, performance indicator questions, objectives, and task achievement criteria questions. An agency's responses to these questions will indicate how actual agency outcomes in each service area compare with those that are generally considered best practice. (JMB)

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LOCAL CHILD WELFARE SERVICES

SELF-ASSESSMENT MANUAL

Part I - Checklists

Martin Sundel, Project Director

Carolyn Clark Homan
Juanita D. Lucas
Geraldine Burt
Jean E. Clarren

Social Services Research Program
The Urban Institute
Washington, D. C.

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Department of Health, Education, and Welfare
Office of Human Development Services
Administration for Children, Youth and
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Children's Bureau

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FOREWORD

The Local Child Welfare Services Self-Assessment Manual was developed for use by administrators of local agencies that deliver child welfare services.

The first 5,000 copies of the Manual, published in 1978, were rapidly distributed. This second edition has been printed in two separate companion volumes -- Part I - Checklists, and Part II - Resources. The checklists and resource material reflect the current state of "good practice" in child welfare and should be of value to those involved in providing social services to children and their families.

We wish to express appreciation to The Urban Institute, the seventeen local agencies that field-tested the Manual, and the Advisory Committee for their contributions to the development of this self-assessment tool which we anticipate will prove useful to the thousands of agencies serving our nation's children.

Frank Ferro

Frank Ferro
Associate Chief
Children's Bureau

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During the course of the development of the Local Child Welfare Services Self-Assessment Manual, contributions were made by many individuals. The basic plan for this project was formulated by Jerry S. Turem, former Director of the Social Services Research Program of The Urban Institute. Dr. Turem provided significant guidance in the conceptualization and development of the Manual. Elizabeth L. Dickson made a major contribution to development of the format and content of the Manual during the early stages of the project. Alice H. Hill compiled and revised the original materials for the Residential Group Care Section, and also contributed to other sections of the Manual.

The project team is also grateful for Bayla F. White's assistance in developing the field test methodology and providing guidance on gathering the data. The secretarial staff under the direction of Wilma Frum, and our project secretary, Connie Barnes, in particular, have worked tirelessly over the many revisions of the manual.

Members of the project's Advisory Committee reviewed the Manual and provided constructive feedback and recommendations. We are grateful for their thoughtful encouragement and feedback.

Dr. Jean Bedger, Director
Evaluation, Research and Review
The United Way of Metropolitan Chicago
Chicago, Illinois

Mrs. Kathleen Byrne
Chief Casework Supervisor
Family and Children's Services
Hamilton County Department of Public Welfare
Cincinnati, Ohio

Mr. Evan E. Jones, Jr.
(former Director)
Division of Family Services
Salt Lake City, Utah

Mr. Robert Little
Assistant Director for Federal Relations
Department of Social Services
Lansing, Michigan

Ms. Louise Pittman, Director
Bureau of Family and Chidren's Services
Alabama Department of Pensions and Security
Montgomery, Alabama

Ms. Clara Swan, Associate Director
Field Operations Division
Child Welfare League of America
New York, New York

Mr. John Theban, Director
Family and Child Services
Washington, D. C.

Dr. Kermit Wiltse, Professor
School of Social Welfare
University of California
Berkeley, California

The following individuals served as consultants to the project during the early stages of development: Florence Criss, Alfred Kadushin, Margaret LaRocca and Mary Lee Leahy. Another consultant, Barbara Joe, prepared a working paper on adoption services.

We would like to express our appreciation to the 17 local public child welfare agencies who field-tested this Manual. Over a period of two months, the staffs of these agencies contributed valuable feedback regarding the structure, content, and utility of the Manual as a self-assessment instrument. Our gratitude goes to the following individuals who were responsible for conducting the assessment in their agencies, and to their staffs.

Ms. Gerry Allen
Deputy Administrator of North King Community Service Office
Department of Social and Health Services
Seattle, Washington

Mr. Lawrence Anderson
Assistant Regional Administrator for Social Services
State Department of Human Resources
Dallas County Child Welfare Unit
Arlington, Texas

Ms. Velma Butler
Chief of Social Services
Sedgwick County Department of Social and Rehabilitative Services
Wichita, Kansas

Ms. Barbara Catterall, Supervisor
Passaic Branch Office
Division of Youth and Family Services
Passaic County Department of Human Services
Patterson, New Jersey

Mr. Albert Croutch, Assistant Director
Contra Costa County Department of Social Services
Concord, California

Mr. Jerry Galloway, Parish Administrator
Office of Family Services
St. Tammany Parish
Covington, Louisiana

Mr. Michael Healey, Director
Department of Social Services
Douglas County Public Welfare Department
Omaha, Nebraska

Ms. Ruth Homuth
Social Welfare Supervisor
Wright County Social Services
Buffalo, Minnesota

Mr. Charles King, Manager
Children's Services
Hancock County Department of of Social Services
Ellsworth, Maine

Ms. Sandra Larry, Casemanager II
Dorchester County Department of Social Services
St. George, South Carolina

Mr. Donald Looney, Regional Director
Department of Children and Youth Services
New Haven, Connecticut

Ms. Aileen Ostazeski, Director
Children's Services
Westchester County Department of Social Services
White Plains, New York

Ms. Mary Pederson, Supervisor
Family and Children's Services
Division
Milwaukee County Department
of Public Welfare
Milwaukee, Wisconsin

Mr. Fred Persiko, Supervisor
Services for Children and Youth
Denver Department of Social
Services
Denver, Colorado

Ms. N. M. Silverthorne, Director
Department of Social Services
Hanover County
Ashland, Virginia

Mr. James Walles, Director
Area 2B Office
Department of Family Services
Salt Lake City, Utah

Ms. Janie Whitfield
District Program Specialist
Social and Economic Services
Department of Health and
Rehabilitative Services
Santa Rosa County
Pensacola, Florida

I. INTRODUCTION

PURPOSE:

The Local Child Welfare Services Self-Assessment Manual was developed by The Urban Institute under contract with the U.S. Children's Bureau of the Administration for Children, Youth and Families (DHEW) for use by administrators of local social service agencies. This Manual is designed to facilitate internal agency improvements by providing a convenient and efficient framework for self-assessment of child welfare services.

Although the original Manual included both self-assessment checklists and resource materials, this second edition has been printed in two separate, companion works -- Part I consisting of checklists and Part II of resource materials. The Manuals provide a compilation of best practices for child welfare services based on recommendations derived from the child welfare literature and reports of exemplary programs. The self-assessment instruments and resource materials were field-tested in seventeen local agencies providing social services to children and their families. The agencies were selected to represent rural and urban communities of varying sizes in both state and locally administered service delivery systems throughout the United States. Agency responses and recommendations were incorporated into this final edition of the Manual.

An attempt has been made to provide a systematic and practical method for program administrators, supervisors and line social service staff to assess agency performance objectively. Given the complex network of child welfare decisions, activities and time constraints, agency staff are seldom able fully to assess the adequacy of their service delivery activities. The Manual addresses this concern for accountability by providing an objective format that can be used voluntarily by agency staff.

Major benefits that this Manual can provide for social services administrators and staff include the following: (1) it alerts staff to problem areas of which they were previously unaware; (2) it provides a systematic method for documenting problems and reasons for change; (3) it facilitates discussion of service delivery issues among staff; and (4) it provides baseline data as measures for evaluating changes and documenting progress in services and programs.

An attempt has also been made to disseminate service delivery concepts and applications derived from research and demonstration projects involving local child welfare services. The self-assessment instruments and resource sections of the Manual suggest procedures or innovations that have proved useful in other agencies or have been recommended by child welfare specialists. The resource sections may be viewed as a synthesis of current best practices in child welfare, organized to meet the needs of local agencies.

DEFINITION OF CHILD WELFARE SERVICES

Child welfare services are defined here as the provision of, or arrangement for, social services in public and private organizational units, according to the definition provided by the Social Security Act. This definition includes services delivered by all public and private agencies providing social services to children and their families, including organizations where child welfare services are part of a larger umbrella agency. These services should supplement or substitute for parental care and supervision for the purpose of:

- "Preventing or remedying, or assisting in the solution of problems which may result in the neglect, abuse, exploitation, or delinquency of children.
- Protecting and caring for homeless, dependent, or neglected children.
- Otherwise protecting and promoting the welfare of children, including the strengthening of their own homes where possible, or, when needed, the provision of adequate care of children away from their homes in foster family homes or day-care or other child-care facilities."1/

FORMAT OF THE MANUAL AND SUMMARY OF THE CONTENTS

Parts I and II of the Manual consist of eight sections, including an introduction and seven sections covering a different facet of the child welfare system. Part I contains checklists in question format. Part II highlights related research findings and provides a bibliography. Specific references to the resource sections are footnoted throughout the checklists.

The seven sections are organized to reflect the sequence of decisions or activities that occur in an agency offering child welfare services. Following the Introduction, Section I, the Emergency/Protective Services and Intake/Service Choice sections address agency activities from initial service contact to the point of ongoing service provision. The next four sections present the main services areas: In-Home Services, Foster Family Care, Adoptions, and Residential Group Care. The final section, Case Management/Administration, covers matters of general concern to all divisions of an agency providing child welfare services. The issues addressed by the Manual are briefly outlined below:

Section II. Emergency/Protective Services

- o initiating service delivery in emergency cases
- o provididng public education for comprehensive emergency services
- o case reporting
- o coordinating with other agencies

1/ Title IV-B of the Social Security Act, (sec. 425), cited in CFR 45, revised October 1, 1975, gives this definition of the range of child welfare services.

Section III. Intake/Service Choice

- providing non-emergency intake
- formulating case plans
- preparing effective records for legal proceedings

Section IV. In-Home Services

- providing standards for service providers
- matching services to client problems
- coordinating client, caseworker, and service provider
- monitoring adequacy of services

Section V. Foster Family Care

- formulating standards for selection of foster families
- selecting foster families
- formulating and meeting time-limited objectives in the case plan
- recruiting and maintaining foster parents, including those for minorities and children with particular needs
- securing permanent placements for children

Section VI. Adoption Services

- formulating standards for the selection of adoptive homes
- identifying children for whom adoption is appropriate
- selecting adoptive families
- recruiting adoptive homes, including those for minority and special-needs children
- providing post-adoptive support services

Section VII. Residential Group Care

- meeting licensing requirements
- matching children to appropriate facilities
- providing support to natural families during placement
- establishing sufficient residential group care facilities
- maintaining quality services to children in group care facilities

Section VIII. Case Management/Administration

- maintaining complete, consistent, and manageable case records
- developing an information system for data collection and case monitoring
- reducing staff turnover by utilizing staff effectively, providing staff development and training, maintaining satisfactory working conditions, and improving communications

SELF-ASSESSMENT CONCEPT

The self-assessment process is designed to provide a means by which personnel can methodically evaulate agency functions in order to improve them. Basic to the concept of self-assessment is that it is voluntary in nature and that questions will be addressed frankly.

The self-assessment instruments of the Manual consist of seven checklists. Each checklist includes goals, performance indicator questions, objectives, and criteria questions. An agency's responses to these questions will indicate how actual agency outcomes in each service area compare with those that are generally considered best practice.

An attempt has been made to produce the most rigorous self-assessment instrument possible considering the constraints that: (1) local agency time and data are limited; (2) research findings describing how agency procedures or decisions actually affect children and their parents are frequently incomplete and sometimes contradictory; and (3) recommended procedures may be more or less effective depending on individual agency goals and circumstances. Agencies completing the self-assessment should be aware of the major assumptions underlying the Manual's standards and recommendations:

1. Setting standards for performance indicators. Performance indicators have been quantified (e.g., "Did more than 20 percent of existing foster family homes withdraw from the program within the last year?") where studies have uncovered an "average" performance level, or a performance level below which client benefits are clearly jeopardized. In other cases, indicator standards are those set by national organizations such as the Child Welfare League of America and the American Public Welfare Association. The values are set arbitrarily, but at a level which should direct the assessor to determine if the agency's performance warrants examination.

2. Recommending effective procedures. Where possible, procedures are recommended that have been tested in controlled experiments (e.g., choosing foster parents based upon characteristics which have been shown to correlate with stable placements). In addition, less formal studies, agency experiences, or best practice concepts support particular operations and practices which fulfill agency objectives. Where several alternative procedures could be adopted to fulfill specific objectives, an effort is made to suggest in the resource sections how these procedures might be implemented or how they have worked in other agencies.

3. Recommending efficient procedures. The checklists of the Manual do not explicitly cover the costs of alternative services. An effort has been made, however, to identify cost-saving, efficient practices, as well as to identify those practices which may necessitate additional agency expenditures.

COMPLETING AND SCORING THE CHECKLISTS

Instructions for completing the checklists are provided at the beginning of each of the seven sections. Agency administrators may wish to complete the checklists themselves, or reproduce the sections for distribution to appropriate unit supervisors or other staff. On the other hand, agency administrators may wish to obtain independent assessments by having two or more individuals who are familiar with the individual program areas complete the same checklists. A third approach would be to complete the checklists in staff or committee meetings, so that performance indicators or criteria questions eliciting discussion can be examined. In some cases, it may be desirable for individuals from several units to collaborate in completing particular checklists. The information which is exchanged could result in an increased awareness of where problems exist and in clarification of staff responsibilities.

A brief summary of data needs is presented at the beginning of each checklist, along with a short description of the contents of the section. In answering the checklist questions, agency assessors in many cases will be able to draw upon their professional judgment and agency experience. Where actual numerical indices of agency performance are necessary, agency reports or case records should be used to obtain the information required to respond accurately to the questions. The use of agency data and reports should be encouraged as a basis for corroborating professional judgments and impressions.

In many agencies, the same caseworker is responsible for all steps in service provision from the initial visit to the placement of a child. Because the organization of child welfare programs varies, however, agencies may not have units which correspond directly to each of the checklist sections of the Manual. Although these differences should not affect the utility of the Manual, they may require that additional staff become involved in the self-assessment process. For example, if protective services, adoptions, and foster care each have separate intake units, all intake staff should be involved in completion of the intake services checklist.

While the self-assessment format has been designed to elicit "Yes/No" responses to the criteria questions, it is recognized that in some instances a "Yes" or "No" response might not be appropriate or accurate for a particular agency or program service. For example, an agency may find that some questions refer to mandated state level procedures over which they have little or no control. In such instances, individuals completing the instrument should write an explanatory comment, as no space has been provided for an answer of "not applicable". Any questions left blank should be counted as a "No" answer. This forced-choice response format has been designed to emphasize that while these issues may be outside of an agency's span of control, they may nevertheless be within an agency's sphere of influence. Thus, the self-assessment may provide documentation of problems and suggestions for changes that should be brought to the attention of state administrators.

THE GOAL SUMMARY CHART

After the assessor calculates the percent of "No" answers under each goal, these percent scores should be entered on the Goal Summary Chart on pages I 9-11. This chart allows an agency to compare performance across all program areas and to examine strengths or weaknesses of individual programs.

Part A of the Goal Summary Chart provides for listing of goals to enable administrators and supervisors to examine performance within programs. Part B instructs the assessor to record the goal and percent "No" scores in rank order from highest to lowest, placing the goal with the highest percent of "No's" first. This goal-ordering procedure provides a guide for setting agency priorities for program improvements. The Manual does not include any fixed scheme for weighting goals or objectives to establish agency priorities. The state-of-the-art does not currently permit such precise formulations, and the variations in child welfare agency settings, philosophies and communities pose further limitations in this regard. Each agency can determine the proportion or pattern of "No" responses which exceeds good local practice. The Goal Summary Chart follows on the next pages.

SECURING ADDITIONAL COPIES

All or any portion of this Manual may be reproduced for use in the self-assessment process and in staff development activities. Single copies of Part I - Checklists, and Part II - Resources may be obtained free of charge by writing to:

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Post Office Box 1182
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Please use these exact titles when ordering:

The Local Child Welfare Services Self-Assessment Manual: Part II - Resources
DHEW Publication No. (OHDS) 79-30176

or

The Local Child Welfare Services Self-Assessment Manual: Part I - Checklists
DHEW Publication No. (OHDS) 79-30177

II. EMERGENCY/PROTECTIVE SERVICES

Children's Bureau
Publications Unit
P.O. Box 1182
Washington, D.C. 20013

EMERGENCY/PROTECTIVE SERVICES CHECKLIST

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INTRODUCTION

The Local Child Welfare Services Self-Assessment Manual contains eight sections, including an introduction and seven sections covering a different facet of the child welfare system. The first part of each of the seven sections (II-VIII) is a self-assessment checklist. Accompanying each checklist is a resource section that highlights research findings and provides a bibliography. Specific references to the resource material are footnoted throughout the checklists.

Definition

Emergency/Protective Services are social services provided to protect children reported to be neglected, abused, or exploited and to insure them minimally acceptable levels of care in their own homes or substitute care elsewhere. They also include services provided to meet a child's needs when a parent(s) is hospitalized or, for some other reason, is temporarily unable to assume child-caring responsibilities.

Organization

This section is concerned with an agency's response to emergency cases and the immediate provision of emergency services. More detailed discussion of intake investigation and provision of services on a longer term basis is presented in other sections of the Manual.

To summarize, the Emergency/Protective Checklist begins by focusing on coordination of referral, investigation, and service responsibilities between the child welfare agency and other agencies in the community (such as law enforcement, courts, and related social service units). Next, the agency's efforts to encourage community recognition and reporting of cases is assessed. The final two goals cover the agency's response to the emergency (intake screening and caseworker investigation), and the availability and selection of appropriate emergency services, service provision, monitoring, and termination.

Data Needs

When answering performance indicator questions, it will usually be necessary to consult agency records or reports for exact figures; however, in some cases it may be sufficient for assessors to respond on the basis of their professional judgment. The person completing this section should be familiar with community coordination of emergency services, agency publicity for improved reporting, and availability and delivery procedures for emergency services. Specific data requirements include: approximate number of unsubstantiated reports, length of time to respond to referrals, sources of referrals, incidence of recidivism after agency contact, and incidence of recidivism after termination of cases.

INSTRUCTIONS FOR COMPLETING THE CHECKLIST

Respond to the performance indicator questions stated under each goal by checking those which are applicable to your agency. Your responses will help pinpoint agency deficiencies and strengths and will indicate how actual agency outcomes in each service area compare with those that are generally considered best practice.

If any of the performance indicator questions were checked then you should also complete the criteria questions under each objective. Your agency may find it useful to review the procedures and concepts suggested by the criteria questions.

Answer "yes" or "no" to the questions included under each goal. Add up the number of criteria questions to which you answered "no", and calculate the percent of "no" questions under each goal using the formula. Any questions left blank should be counted as a "no" answer. No space has been provided for "not applicable" responses to emphasize that although issues raised in some questions may be outside of the agency's span of control, they nevertheless may be within an agency's sphere of influence.

After calculating the percent of "no" answers for each goal, enter these percent scores on the Goal Summary Chart on pages 9-10 of the Introduction. Recording these scores provides a method for agency administrators to compare performance across all program areas.

For those goals where your agency's performance is deficient, refer to the checklist questions which, in substance, suggest best practice. In addition, the accompanying Resource Section discusses methods which have worked in other agencies and indicates where further information may be obtained. References to the Resource Section(s) are footnoted throughout the checklist.

A variety of methods may be employed to complete the self-assessment. The assessment process is designed to provide a strategy for constructive change within your agency and to improve communication among all levels of staff. Agency administrators and supervisors may wish to complete the checklists independently. An alternative method would be to complete them in staff or committee meetings. Performance indicators or criteria questions eliciting disagreement should be freely and openly discussed and could provide a basis for staff development activities.

It is recognized that a wide variation exists among local agencies in geographic location, agency size, characteristics of client population, staff turnover, and other factors. The Manual is designed so that each agency can determine the proportion or pattern of "no" responses which exceeds good local practice. In this way the agency can obtain baseline measures for gauging improvements over time.

EMERGENCY/PROTECTIVE SERVICES

GOAL I: COORDINATION OF REFERRAL, INVESTIGATIVE, AND SERVICE RESPONSIBILITIES

Recommending referral and investigative procedures for neglect, abuse, and dependency reports is complicated because states assign different agencies (i.e., law enforcement agencies, courts, hospitals, social service departments, central hot lines, etc.) to receive these reports. In addition, some communities have one central referral source while others may have none. States also vary as to who has the power (law enforcement personnel or protective service workers) to enter a home or to remove a child. For this reason, the following section will emphasize the importance of clear designation of referral and service responsibilities.

Performance Indicators:

- To your knowledge, within the past year, have police or courts ever removed children from their homes unnecessarily, because these agencies failed to consult with protective services as to appropriate service strategies? ____
- To your knowledge, within the past year, have police or courts processed cases through the legal system which should instead have been handled by a protective service worker? ____
- To your knowledge, within the past year, have other social service units or agencies ever petitioned the courts on cases which should have been handled by your agency? ____
- Are boundaries unclear between the referral, investigation, and service responsibilities of your agency and those of other agencies in your community? ____

If you checked any of the above questions, clarification of referral and service responsibilities may be necessary, with particular attention given to law enforcement agencies, courts, and other social service agencies.

Objective A: Clarification of Referral and Service Responsibilities

1. Does each protective service worker know the state law designating:

    a. The agency(ies) to receive reports of abuse, neglect, or other emergencies? ____ Yes ____ No

    b. The agency(ies) to investigate reports of abuse, neglect, or other emergencies? ____ Yes ____ No

2. Do all caseworkers in your agency know which agencies in your community receive and/or investigate reports of neglected, abused, or dependent children?1/ ____ Yes ____ No

3. Do you have formal agreements with the agency(s) designated to receive and/or investigate reports of abuse/neglect regarding:

    a. Responsibility for education and publicity? ____ Yes ____ No

    b. Responsibility for receiving emergency reports? ____ Yes ____ No

    c. Who must file reports? ____ Yes ____ No

    d. The types of cases to be investigated by each agency? ____ Yes ____ No

    e. Procedures for referring cases to the appropriate agency? ____ Yes ____ No

    f. The roles that each agency will play in investigating cases? ____ Yes ____ No

    g. The roles that each agency will play in providing needed services? ____ Yes ____ No

    h. Procedures for sharing information on the diagnosis and progress of cases with which more than one agency is working? ____ Yes ____ No

---

1/ See Resource Section, pp. II 5-7, for a summary of the centralized intake and referral procedures used in several communities. See Resource Section, pp. II 8-11, for a discussion of alternative community coordination strategies for intake, referral, investigation, and service delivery.

4.	Where appropriate, are these agreements established in writing?2/	___ Yes	___ No
5.	Do you hold periodic conferences with the above groups or agencies to assure understanding of procedures?	___ Yes	___ No
6.	Does your agency specify to each referring agency exactly what information should be obtained?	___ Yes	___ No

Objective B: Coordination With Law Enforcement Agencies, the Courts and Other Social Service Agencies or Providers

7.	Does your agency disseminate copies of relevant laws to all protective service workers regarding:		
a.	Rights of entry?	___ Yes	___ No
b.	Range of police powers granted protective service workers and other agencies?	___ Yes	___ No
c.	Who can hold a child away from home without parental consent?	___ Yes	___ No
d.	Conditions under which a child can be removed?	___ Yes	___ No
8.	Have you established agreements with law enforcement personnel and courts regarding what constitutes a police investigation and what constitutes a social services investigation?3/	___ Yes	___ No
9.	Are agreements worked out so that, where appropriate, a police officer responding to an emergency report calls the child welfare department?	___ Yes	___ No
10.	Are protective service workers from your agency regularly contacted by police or courts to provide for care of a child until a disposition is made?	___ Yes	___ No

---

2/ Planning and Implementing Child Abuse and Neglect Service Programs (Washington, D.C.: National Center on Child Abuse and Neglect, Children's Bureau, U.S. Department of Health, Education, and Welfare, 1976), suggests that a written agreement may be valuable in establishing interagency procedures. A sample of such an agreement is presented in the Resource Section, p. II 9.

3/ See Resource Section, pp. II 10-11, for a discussion of coordination efforts between police and caseworkers.

11. Are boundaries between your responsibilities and those of other social service agencies and units defined in writing? ____ Yes ____ No

12. Are procedures established for referral of cases from other social service agencies or units? ____ Yes ____ No

13. Where appropriate, does the agency inform local hospital-based child abuse and neglect programs of procedures and requirements for referral and service responsibilities? ____ Yes ____ No

---

Add up the number of questions under GOAL I to which you answered "No". Divide this number by the total number of questions under GOAL I (24). Do not include the performance indicator questions in either calculation.

$$\text{Percent "NOs"} = \frac{\text{Number of "NOs"}}{24} \times 100 = \_\_\_\_\_\_\_\_\%$$

GOAL II: COMMUNITY RECOGNITION AND REPORTING OF EMERGENCY CASES

Performance Indicators:

- o Within the past year, has your community had any deaths resulting from abuse and neglect? ____
- o Are any expected referral sources in your community (such as schools, hospitals, pediatricians, family counseling centers, etc.) never reporting emergency cases? ____
- o Within the past year, were more than 40 percent of the investigated reports of neglect and/or abuse found to be unsubstantiated?4/ ____

If you checked any of the above questions, it may be necessary to make more efforts to educate the public, relevant community agencies, and professionals regarding the importance of and procedures for reporting neglect and/or abuse cases.

Objective A: Educating the Public 5/

1. Is regular use made of the following techniques to educate the public regarding the reporting of neglect and abuse cases:
   a. Media (television, radio, posters, brochures, etc.)? ____ Yes ____ No
   b. A "speaker's bureau"? ____ Yes ____ No
   c. Well-publicized child abuse/neglect meetings? ____ Yes ____ No
2. Does your education program include the following information:
   a. Who to call? ____ Yes ____ No
   b. Procedures for reporting a case of neglect or abuse? ____ Yes ____ No

---

4/ Child Protection Division, "The 1976 Report on the National Study on Child Neglect and Abuse Reporting" (Denver, Colorado: American Humane Association, 1976), (Mimeographed.), reports that there were 359,630 official reports of neglect and abuse received by the National Study in 1976; of these 47% were confirmed, and 53% were not confirmed.

5/ See Resource Section, p. II 11, for a reference to a manual by the National Center on Child Abuse and Neglect, How to Plan and Carry Out a Successful Public Awareness Program on Child Abuse and Neglect (Washington, D.C.: National Center on Child Abuse and Neglect, Children's Bureau, U.S. Department of Health, Education, and Welfare, 1976) and pp. II 12-13, for a reference to the National Study on Child Neglect and Abuse Reporting, Post Office Box 1319, Denver, Colorado 80201.

c. Descriptions of the kinds of abuse and/or neglect situations requiring agency intervention? ____ Yes ____ No

d. Who is required by law to report abuse or neglect cases? ____ Yes ____ No

e. Penalties for failure to report? ____ Yes ____ No

f. Role of the agency and services available? ____ Yes ____ No

g. Scope of the problem in your community? ____ Yes ____ No

h. Factors which contribute to abuse and/or neglect? ____ Yes ____ No

i. Effects of abuse and/or neglect on children? ____ Yes ____ No

j. Understanding of abusive and/or neglectful parents as people who can be helped? ____ Yes ____ No

3. Is the emergency intake telephone number widely publicized? ____ Yes ____ No

4. Is publicity geared to the entire population of the area served? ____ Yes ____ No

5. Are publicity efforts targeted to reach the abusive and neglectful or potentially abusive and neglectful parent? ____ Yes ____ No

6. Does your publicity campaign encourage self-referrals for these parents?[6] ____ Yes ____ No

7. Are the self-help services available to these parents publicized (Parents Anonymous, counseling services, crisis hot lines, etc)? ____ Yes ____ No

Objective B: Educating Other Community Agencies

8. Where appropriate, does your agency confer with the following community groups regarding the importance of, and procedures for, reporting cases of neglect and abuse:

a. Schools? ____ Yes ____ No

---

[6] More Can Be Learned and Done About the Well-Being of Children (Washington, D.C.: General Accounting Office, April 1976), suggests that greater education and publicity efforts, especially when geared towards parents, could result in more self-referrals, thereby facilitating early treatment before a crisis has actually occurred.

	b. Child guidance/development clinics?	____ Yes	____ No
	c. Hospitals and clinics?	____ Yes	____ No
	d. Physicians' organizations?	____ Yes	____ No
	e. Community mental health centers?	____ Yes	____ No
	f. Public health nurses' organizations?	____ Yes	____ No
	g. Family/marriage counseling centers?	____ Yes	____ No
	h. Drug/alcohol abuse programs?	____ Yes	____ No
	i. Recreation centers?	____ Yes	____ No
	j. Day care facilities?	____ Yes	____ No
9.	Does the agency provide written guidelines to assist physicians, educators, and police in the recognition of abuse and neglect?7/	____ Yes	____ No
10.	Does the agency provide or participate in abuse/neglect training for hospital workers, educators, and law enforcement workers?	____ Yes	____ No

Add up the number of questions under GOAL II to which you answered "NO". Divide this number by the total number of questions under GOAL II (30). Do not include the performance indicator questions in either calculation.

$$\text{Percent "NOs"} = \frac{\text{Number of "NOs"}}{30} \times 100 = \underline{\qquad\qquad}\%$$

7/ See Resource Section, pp. II 13-17, for suggested written guidelines that could be provided to educators, doctors, and police on recognizing cases of abuse or neglect.

GOAL III: IMMEDIATE RESPONSE TO EMERGENCY CASES AT ALL HOURS

Performance Indicators:

- o In any instance, does it ever take protective service workers more than one hour to respond to child abuse, neglect or dependency referrals of an emergency nature? ___
- o Does it ever take protective service workers more than 48 hours to respond to any less urgent abuse and/or neglect referral? ___

If you checked either of the above questions, more effort may be needed to make your emergency intake system more responsive. Responsiveness can be achieved by using appropriate intake screening methods and protective service investigative techniques.

Objective A: 24-Hour Intake Screening

1. Does your agency have 24-hour intake available for emergency referrals?8/ ___ Yes ___ No
2. Are there written criteria enabling the intake worker to evaluate and determine whether a referral is an emergency?9/ ___ Yes ___ No
3. Does the intake worker record for each referral the following information if it is available:
   a. Time of complaint? ___ Yes ___ No
   b. What specifically happened? ___ Yes ___ No
   c. Is the situation an emergency? ___ Yes ___ No
   d. Frequency of incidents? ___ Yes ___ No
   e. Name, address, phone number of referral source, witnesses, and complainant? ___ Yes ___ No
   f. Motivation of complainant? ___ Yes ___ No

8/ See Resource Section, pp. II 18-24, for a discussion of the Nashville Comprehensive Emergency Services (CES) model. This section also includes suggested alternative models for operating 24-hour emergency intake services.

9/ See Resource Section, pp. II 24-25, for a discussion of training intake workers and the possible intake questioning procedures that they should use.

g. Names and ages of all family members and their addresses? _____ Yes _____ No

h. Whether there have been previous reports on the family? _____ Yes _____ No

Objective B: Immediate Response

4. Where appropriate, are emergency cases transferred immediately to an ongoing caseworker for assessment and immediate followup? _____ Yes _____ No

5. Are protective service workers available to investigate emergencies on a 24-hour basis? _____ Yes _____ No

6. Do workers enlist the help of law enforcement officers in potentially dangerous situations? _____ Yes _____ No

7. If your state law allows only law enforcement officers to enter a home and/or remove a child from the home against a parent's wishes, are caseworkers generally available to respond to calls with the law enforcement officers? _____ Yes _____ No

8. Are past records concerning the family and any prior incidents made available to caseworkers without delay? _____ Yes _____ No

---

Add up the number of questions under GOAL III to which you answered "NO". Divide this number by the total number of questions under GOAL III (15). Do not include the performance indicator questions in either calculation.

$$\text{Percent "NOs"} = \frac{\text{Number of "NOs"}}{15} \times 100 = \underline{\qquad\qquad}\%$$

GOAL IV: PROVISION OF APPROPRIATE EMERGENCY SERVICE

Performance Indicators:

- In more than 10% of cases served within the past year, has further child abuse taken place after the delivery of some form of protective service? ____
- Within the past year, were there any abuse and/or neglect cases which were terminated by protective services and the client returned with the same problem? ____
- During the past year, has any child been removed from home where further intake investigation revealed that there was no danger in leaving the child in the home? ____

If you checked any of the above questions, the problem could be that proper emergency services are not available, that information necessary to make this emergency service choice was not obtained by the caseworker, or that cases have been improperly or prematurely terminated.

Objective A: Availability of Emergency Services [10]

1. Do you believe that you have access to the services you need (e.g., emergency shelters, homemaker services, day care) to accomplish your goals and satisfy your protective service responsibilities? ____ Yes ____ No
2. Are emergency services (both in-home and out-of-home) available 24 hours a day if investigation of a report indicates that they are needed immediately? ____ Yes ____ No
3. Does the agency employ homemaker or caretaker service or other staff to provide emergency care in the child's own home? ____ Yes ____ No
4. Does the agency have emergency foster homes available whenever removal from home is required? ____ Yes ____ No
5. Are emergency placement facilities available for children of all ages and their families when needed (e.g., in case of fire)? ____ Yes ____ No

---

[10] See Resource Section, pp. II 26-29, for descriptions of a variety of emergency service options.

6. Does the agency provide (or coordinate for the provision of) the following services to the family when needed:

   a. Emergency financial aid? ____ Yes ____ No

   b. Food? ____ Yes ____ No

   c. Shelter? ____ Yes ____ No

   d. Clothing? ____ Yes ____ No

   e. Transportation? ____ Yes ____ No

   f. Medical care? ____ Yes ____ No

7. Are counseling services available to the parents of an abused or neglected child either through your agency, or by referral to other agencies, "hot-lines", lay therapists or parent training groups? ____ Yes ____ No

8. Is there a Parents Anonymous chapter or other self-help group for parents who have neglected or abused their children in your area? ____ Yes ____ No

9. Are volunteer groups, church organizations, and local charities contacted for funds, clothing, transportation and other needed assistance if in short supply? ____ Yes ____ No

Objective B: Appropriate Service Delivery Based Upon Initial Investigation of the Emergency

10. Do protective service workers assigned to assessment have the following qualifications:

    a. Graduate or undergraduate Social work training? ____ Yes ____ No

    b. Two years of relevant experience as a line worker? ____ Yes ____ No

    c. Formal training in crisis interviewing? ____ Yes ____ No

    d. Formal training in use of legal services? ____ Yes ____ No

    e. Knowledge of the specific community? ____ Yes ____ No

11. Do you train every protective service worker in the relevant law concerning definitions of abuse, neglect and exploitation, especially as interpreted in your locality? ____ Yes ____ No

12. Do you keep protective service workers abreast of changing legal interpretations and/or precedents which shape these definitions? ____ Yes ____ No

13. Is this material available in writing within the agency? ____ Yes ____ No

14. Does your agency use operational definitions for abuse, neglect, and exploitation which are stated in terms of specific harms to the child? ____ Yes ____ No

15. Do definitions of neglect include:

   a. Physical neglect? ____ Yes ____ No

   b. Medical neglect? ____ Yes ____ No

   c. Educational neglect? ____ Yes ____ No

   d. Emotional neglect? ____ Yes ____ No

   e. Lack of supervision? ____ Yes ____ No

16. Is every worker given criteria for determining abuse or neglect in the following circumstances:

   a. Physical abuse without marks? ____ Yes ____ No

   b. Physical abuse in the name of punishment? ____ Yes ____ No

   c. Threatened abuse? ____ Yes ____ No

   d. Sexual abuse? ____ Yes ____ No

   e. Emotional abuse? ____ Yes ____ No

17. Are training and/or guides to identify these situations provided to workers? ____ Yes ____ No

18. In all cases of physical injury, does the worker:

   a. Ensure a visit to a physician when necessary? ____ Yes ____ No

   b. Obtain the name and address of any physician who may have seen the child? ____ Yes ____ No

   c. Obtain any medical reports? ____ Yes ____ No

   d. Obtain a court order for an examination, if necessary? ____ Yes ____ No

- e. Assess the reasonableness of the parent's explanation of the injury? ____ Yes ____ No
- f. Where appropriate, talk with all other siblings? ____ Yes ____ No
- g. Evaluate the risk of further injury to the child if left at home? ____ Yes ____ No

19. In all cases of neglect, does the worker:
    - a. Learn what the parent sees as the problem? ____ Yes ____ No
    - b. Arrange for any needed medical attention, food stamps, financial assistance, etc? ____ Yes ____ No

20. Where possible, does the worker obtain further information from other sources (medical services, schools, police)? ____ Yes ____ No

21. Is each worker provided with written guides specifying:
    - a. What services are available? ____ Yes ____ No
    - b. Appropriateness of specific services in particular situations? ____ Yes ____ No
    - c. Directions for obtaining these services for clients? ____ Yes ____ No

22. Is priority given to in-home services as the most desirable service option, particularly for children under 6? ____ Yes ____ No

23. When necessary, is intensive casework provided to parents to maintain or re-establish the home? ____ Yes ____ No

24. Is there a physician and/or a medical facility regularly available to the agency? ____ Yes ____ No

Objective C: Follow-up of Emergency Services and Termination

25. When the child is placed out of the home, does a worker visit the child and family at least every two weeks? ____ Yes ____ No

26. After the emergency need is met, are cases reviewed and transferred to non-emergency status if further services are required? ____ Yes ____ No

27. Is your record keeping such that recidivism can be easily documented? ____ Yes ____ No

28. Does your agency usually review cases that are consistent repeat emergencies? ____ Yes ____ No

29. In instances where a consistent pattern of return visits for the same problem has formed, are longer-term solutions found? ____ Yes ____ No

30. Are efforts made to insure continuity and coordination of services in establishing long-term remediation? ____ Yes ____ No

31. Is the family helped to develop new means of coping with any remaining stresses it faces? ____ Yes ____ No

32. Are the factors which caused the emergency fully investigated and resolved before termination? ____ Yes ____ No

33. When making termination plans, are clients told that they should contact their caseworker if they have any further difficulties? ____ Yes ____ No

---

Add up the number of questions under GOAL IV to which you answered "NO". Divide this number by the total number of questions under GOAL IV (59). Do not include the performance indicator questions in either calculation.

$$\text{Percent "NOs"} = \frac{\text{Number of "NOs"}}{59} \times 100 = \underline{\qquad\qquad}\%$$

III. INTAKE/SERVICE CHOICE

Children's Bureau
Publications Unit
P.O. Box 1182
Washington, D.C. 20013

III. INTAKE/SERVICE CHOICE CHECKLIST

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INTRODUCTION

The Local Child Welfare Services Self-Assessment Manual contains eight sections, including an introduction and seven sections covering a different facet of the child welfare system. The first part of each of the seven sections (II-VIII) is a self-assessment checklist. Accompanying each checklist is a resource section that highlights research findings and provides a bibliography. Specific references to the resource material are footnoted throughout the checklists.

Organization

This section begins with questions concerning the in-depth intake investigation. (Initial intake decisions in response to emergency cases are discussed in the Emergency/Protective Services section.) The intake questions stress that agencies should have criteria for making intake choices and that information be collected which is necessary for making service determinations and formulating case plans.

The second goal, "Appropriate Criteria for Making Service Decisions", emphasizes serving children in-home where possible, providing for adoptions if care is likely to be long-term, and making the choice between foster family care and residential group care. (Selecting the most appropriate type of residential group facility or the most suitable foster family is covered in the respective resource sections of the Manual.) In addition, the case plan is presented as a way of facilitating and monitoring the service choice.

The last goal concerns agency performance at court hearings, with attention to adequate preparation, use of legal services, and coordination with local courts.

Data Needs

When answering performance indicator questions, it will usually be necessary to consult agency records or reports for exact figures; however, in some cases it may be sufficient for assessors to respond on the basis of their professional judgment. Data requirements for this section include an understanding of the use of intake guidelines, information obtained during the intake investigation, criteria for making service choices, nature of agency preparation for court hearings, and any coordination activities between the agency, legal services, and courts. In addition, more specific data are needed to determine approximate figures for a one-year period for the following: percent of cases received at intake which appear again as referrals, percent of children initially served in-home who must later be removed for safety reasons, percent of cases received at intake in which children are removed from the home, percent of placements which last less than three months, and percent of cases lost in court due to inadequate preparation.

INSTRUCTIONS FOR COMPLETING THE CHECKLIST

Respond to the performance indicator questions stated under each goal by checking those which are applicable to your agency. Your responses will help pinpoint agency deficiencies and strengths and will indicate how actual agency outcomes in each service area compare with those that are generally considered best practice.

If any of the performance indicator questions were checked then you should also complete the criteria questions under each objective. Your agency may find it useful to review the procedures and concepts suggested by the criteria questions.

Answer "yes" or "no" to the questions included under each goal. Add up the number of criteria questions to which you answered "no", and calculate the percent of "no" questions under each goal using the formula. Any questions left blank should be counted as a "no" answer. No space has been provided for "not applicable" responses to emphasize that although issues raised in some questions may be outside of the agency's span of control, they nevertheless may be within an agency's sphere of influence.

After calculating the percent of "no" answers for each goal, enter these percent scores on the Goal Summary Chart on pages 9 - 10 of the Introduction. Recording these scores provides a method for agency administrators to compare performance across all program areas.

For those goals where your agency's performance is deficient, refer to the checklist questions which, in substance, suggest best practice. In addition, the accompanying Resource Section discusses methods which have worked in other agencies and indicates where further information may be obtained. References to the Resource Section(s) are footnoted throughout the checklist.

A variety of methods may be employed to complete the self-assessment. The assessment process is designed to provide a strategy for constructive change within your agency and to improve communication among all levels of staff. Agency administrators and supervisors may wish to complete the checklists independently. An alternative method would be to complete them in staff or committee meetings. Performance indicators or criteria questions eliciting disagreement should be freely and openly discussed and could provide a basis for staff development activities.

It is recognized that a wide variation exists among local agencies in geographic location, agency size, characteristics of client population, staff turnover, and other factors. The Manual is designed so that each agency can determine the proportion or pattern of "no" responses which exceeds good local practice. In this way the agency can obtain baseline measures for gauging improvements over time.

INTAKE/SERVICE CHOICE

GOAL I: COMPLETE SYSTEMATIC INTAKE INVESTIGATIONS

Performance Indicators:

- o Within the past year, did more than 5% of the cases received at intake later return as referrals? ____
- o Within the past year, have you had cases where complete case plans could not be drawn up because of inadequate collection of information at the intake investigation? ____
- o Are there inconsistencies between workers in the type of information collected in the intake investigation? ____

If you checked any of the above questions there may be problems in establishing clear guidelines for when services should be provided, in referring clients who could be better served elsewhere, or in obtaining all relevant information.[1]

Objective A: Clear Guidelines For Determining Need For Services

1. Does your agency distribute written guidelines to workers which define when a child or parent should receive agency services? ____ Yes ____ No
2. Is there a mechanism for an annual update of these guidelines? ____ Yes ____ No
3. Are case conferences called periodically to discuss borderline or difficult cases in order to clarify the application of your standards? ____ Yes ____ No

Objective B: Referring Clients To Appropriate Services

4. Does your agency have criteria for determining which cases could be most appropriately served by another agency? ____ Yes ____ No
5. If services are not provided by your agency, is the client referred to the appropriate agency or service? ____ Yes ____ No
6. Does the worker who makes the referral, contact the referral agency and provide all relevant information? ____ Yes ____ No

---

[1] See Resource Section, p. III 5, for a discussion on collecting and assessing intake information.

7. Are clients always given the telephone number and address of the referral source, in writing? ____ Yes ____ No

8. Do your workers arrange appointments and help with transportation when necessary? ____ Yes ____ No

9. Is the office telephone number of your worker handling the case provided to the referral agency? ____ Yes ____ No

Objective C: Effective In-Depth Investigation

10. If appropriate, after an exploratory intake investigation to meet immediate service needs, do you conduct an in-depth investigation?[2] ____ Yes ____ No

11. During the in-depth investigation, do you collect, at minimum, the following information if available:

    a. The opinion of parents and child as to the nature and extent of the problem? ____ Yes ____ No

    b. Parental objectives for the child's future? ____ Yes ____ No

    c. Any previous reports of abuse or neglect, involving the child, or siblings? ____ Yes ____ No

    d. Any legal actions involving the family or child? ____ Yes ____ No

    e. Any services the family is receiving from other agencies? ____ Yes ____ No

    f. Whether or not marital, financial, and/or employment stress exist? ____ Yes ____ No

    g. Parents' background and any history of severe punishment or criticism? ____ Yes ____ No

    h. Parents' attitudes and behavior toward the child? ____ Yes ____ No

    i. Whether or not parent has relatives or friends who can help? ____ Yes ____ No

    j. Special child characteristics? ____ Yes ____ No

---

[2] See Resource Section, pp. III 5-6, for a discussion of the intake interview and the use of intake guides in collecting important assessment information.

12. Is the intake investigation designed to provide enough information to:

    a. Assess child and parent strengths in order to help keep the family together or reunite the family if possible? ____ Yes ____ No

    b. Identify present problem (sources of problem, who has the problem, and the context in which the problem is displayed)? ____ Yes ____ No

    c. Provide examples of specific behavior or circumstances which illustrate the problems? ____ Yes ____ No

    d. Isolate the particular problems and strengths which need attention? ____ Yes ____ No

    e. Predict the potential for family reconciliation? ____ Yes ____ No

    f. Determine which services are needed by the child and/or family members? ____ Yes ____ No

    g. Suggest measurable objectives to be reached?3/ ____ Yes ____ No

13. Is this in-depth investigation usually completed within 60 days of the initial report? ____ Yes ____ No

14. During the investigation period are emergency or support services provided as needed? ____ Yes ____ No

15. Are parents informed of the agency services, practices, and policies in writing? ____ Yes ____ No

16. Does the worker clearly explain agency responsibilities in relationship to parents' expectations of results of services? ____ Yes ____ No

17. Are conversations kept confidential whenever possible? ____ Yes ____ No

18. Does the intake worker or supervisor ensure that cases accepted for services are transferred to the appropriate unit promptly? ____ Yes ____ No

Add up the number of questions under GOAL I to which you answered "No". Divide this number by the total number of questions under GOAL I (33). Do not include the performance indicator questions in either calculation.

$$\text{Percent "NOs"} = \frac{\text{Number of "NOs"}}{33} \times 100 = \underline{\hspace{3cm}}\%$$

3/ B. Compton and B. Galaway, Social Work Processes (Homewood, Illinois: The Dorsey Press, 1975). See Resource Section, pp. III 7-10, for a discussion of the use of the problem-solving model as a framework for the intake investigation and an outline (short-form) of Compton and Galaway's model.

GOAL II: APPROPRIATE CRITERIA FOR MAKING SERVICE DECISIONS

Performance Indicators:

- Within the past year, were more than 10% of the children for whom in-home service was initially determined to be appropriate later removed from their homes for safety reasons? ____
- Within the past year, were more than 1/3 of all children whose cases appeared at intake removed from their homes?[4] ____
- Within the past year, did more than 20% of placements (foster family care or residential group care) last less than three months, indicating that some of these children could have been served in-home? ____
- Are any children under 12 placed in long-term residential group care or foster family care who could have been adopted? ____
- Are any children under six placed in residential group care who don't have severe disabilities? ____

If you checked any of the above questions, this may indicate that too many children are being removed from their homes, too many children are being left in their homes, children who are eligible for adoption are not being adopted, or that children are placed in residential group care when they should be in foster family care (or vice versa). The following objectives deal with agency criteria for making in-home versus placement decisions as well as the decision concerning the best placement option for the child. The last objective covers the case plan as a way of clarifying and facilitating the service decision.

Objective A: Serving Children In-Home Whenever Possible [5]

1. Do workers have written guidelines for determining when a child should be removed from the home? ____ Yes ____ No

---

[4] The 1/3 figure is somewhat arbitrary, since some intake caseloads will have a larger proportion of severe cases than others. The Utah Department of Family Services Task Force Committee suggested that no more than 20% of clients should be removed from home. If 1/3 or more are being removed, then, it would appear that the agency should be able to justify this. Utah Department of Family Services Task Force Committee, "Report: Task Force on Alternative Methods of Treatment for Families at Risk." Salt Lake City: Utah Department of Family Services, 1975. (Mimeographed.)

[5] See Resource Section, pp. III 11-17, for a discussion of factors which may influence in-home versus placement decisions.

2. Do these guidelines highlight the following factors in determining if a child should be removed?

   a. Whether or not there is sufficient parental desire, concern, and ability to maintain the child in-home? ____ Yes ____ No

   b. Whether or not parent(s) or child requests or desires out-of-home placement? ____ Yes ____ No

   c. Whether or not at least one parent is able to accept help and possesses the necessary ego strength to change? ____ Yes ____ No

   d. Whether or not there is a risk of physical abuse, exploitation, or endangerment to the child? ____ Yes ____ No

   e. Determination of whether or not the home situation can be adequately improved by support services (financial assistance, day care, homemaker counseling, etc.)? ____ Yes ____ No

3. Where appropriate, does your agency make use of diagnostic tools for assessing the above factors (This could include diagnostic psychological testing of parents and child and/or scales which help define the risk of abuse or neglect.)?6/ ____ Yes ____ No

Objective B: Appropriate Placements: Adoptions, Foster Family Care or Residential Group Care

4. Are predictions of placement duration usually used in making service choices? ____ Yes ____ No

5. Do you have written criteria for predicting placement duration?7/ ____ Yes ____ No

6. Is adoption considered for all children who are unlikely to return home? ____ Yes ____ No

7. Do you have written criteria for when a child should be considered for adoption?8/ ____ Yes ____ No

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6/ See Resource Section, pp. III 6-7, for a discussion of several scales and questionnaires which can be used for diagnostic evaluation.

7/ See Resource Section, p. III 18, regarding criteria for predicting placement duration.

8/ See Resource Section, pp. III 19-21.

8. Do you have written criteria for determining when a child should be placed in:

   a. Foster family care? _____ Yes _____ No

   b. Residential group care?[9] _____ Yes _____ No

Objective C: Formulation of Complete Case Plans

9. Are all workers provided with written guidelines specifying the minimum information needed to formulate a case plan?[10] _____ Yes _____ No

10. Do all case plans include at least the following information:

   a. Description of conditions and problems, as well as their history? _____ Yes _____ No

   b. Description of exact nature of the proposed services (to natural parents and to the child) and the reasons why it is thought that they will benefit the client? _____ Yes _____ No

   c. The nature of expected changes in client or family situation? _____ Yes _____ No

   d. Approximate duration of services to be provided and dates when it is reasonable to expect changes in home situation and/or behavior? _____ Yes _____ No

   e. Proposed dates of contact between worker and service provider? _____ Yes _____ No

   f. Proposed dates of contact between worker and child and/or parents? _____ Yes _____ No

   g. Role of client and worker, and responsibilities of other agencies? _____ Yes _____ No

   h. Plan for visitation between child and natural parents? _____ Yes _____ No

   i. Plan for services after return home? _____ Yes _____ No

---

9/ See Resource Section, pp. III 21-22, regarding criteria useful in making appropriate placement decisions. The Residential Group Care Resource Section, pp. VII 12-15, may assist in making decisions regarding type of residential care.

10/ See Resource Section, p. III 23, for further information on the case plan.

11. Is the case plan formulated in consultation with both parents (if available) and child (when appropriate)? ____ Yes ____ No

---

Add up the number of questions under GOAL II to which you answered "No". Divide this number by the total number of questions under GOAL II (24). Do not include the performance indicator questions in either calculation.

$$\text{Percent "NOs"} = \frac{\text{Number of "NOs"}}{24} \times 100 = \_\_\_\_\_\_\_\_\%$$

GOAL III: SUCCESSFUL COURT HEARINGS

Performance Indicators:

- In the past year, has your agency lost more than 5% of its court cases because preparation was inadequate? ____

- In the past year, has your agency ever failed to initiate termination of parental rights for children in foster care because it did not have adequate legal consultation? ____

- Do your workers tend to over-estimate the difficulties of court proceedings necessary to initiate court action for removal of the child?11/ ____

If you checked any of the above questions, this could mean that agency preparation for hearings or access to counsel is inadequate, or that agency coordination with legal services and the courts needs improvement.

Objective A: Adequate Preparation for Hearings 12/

1. Are case records maintained in such a way that data needed for drawing up a petition for removal or termination of parental rights are immediately retrievable?13/ ____ Yes ____ No

2. Do these records include the following:

   a. history of the parents? ____ Yes ____ No

   b. history and number of placements of the child? ____ Yes ____ No

   c. documentation of agency's efforts to reunite the family? ____ Yes ____ No

   d. copies of written expert opinions (psychiatric, psychological, medical)? ____ Yes ____ No

   e. potential witnesses contacted and what they can testify? ____ Yes ____ No

   f. assessment of the child's adoptability? ____ Yes ____ No

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11/ See A. Emlen, Is This Child Likely to Return Home? (Portland Oregon: Regional Research Institute for Human Services, 1975). He found that workers were unrealistic in their appraisal of the difficulties of court proceedings.

12/ See Resource Section, pp. III 24-29 for a discussion of preparing for a court hearing.

13/ See Resource Section, p. III 28, for an example of statutory chart recording.

3. Is the worker who testifies at the hearing knowledgeable about the contents of the case record? ____ Yes ____ No

4. Does the worker testifying at the court hearing know the chronology of factual activities recorded in the case record? ____ Yes ____ No

5. Is an investigative summary prepared which includes:

    a. A statement of specific harms to the child supported by data from law enforcement agencies, medical professionals and facilities, schools, and the agency's own investigation? ____ Yes ____ No

    b. A specific description of agency plans to prevent further harm to the child? ____ Yes ____ No

    c. If removal is recommended, a full description of why the child cannot be served in home? ____ Yes ____ No

6. Does the agency keep records of the disposition of court cases it initiates to determine if and how preparation can be improved?14/ ____ Yes ____ No

Objective B: Effective Use of Legal Services

7. Does the agency have a lawyer available on a full-time or consulting basis to:

    a. Review the evidence and advise the agency whether to pursue a court hearing. ____ Yes ____ No

    b. Interpret and clarify the legal implications of statutes, policies, regulations and practices? ____ Yes ____ No

    c. Represent the agency in court proceedings regarding the custody, status, and protection of children? ____ Yes ____ No

    d. Review legal documents and proceedings? ____ Yes ____ No

    e. Train social service staff in legal issues and procedures?15/ ____ Yes ____ No

---

14/ For guidance in the steps to preparing for a court hearing, see V. Pike et al., Permanent Planning for Children in Foster Care: Handbook for Social Workers (Washington, D.C.: Children's Bureau, U.S. Department of Health, Education and Welfare, 1977), pp. 101-136, "Chapter 5: How to Prepare a Termination Case."

15/ Child Welfare League of America Standards for Child Protective Service (New York: Child Welfare League of America, 1975).

8. Is the child informed of each step in the legal process where his/her age and level of maturity make this appropriate? _____ Yes _____ No

9. If the child is to be interviewed by the court, is she/he prepared for the interview? _____ Yes _____ No

10. Has the agency (either independently or in conjunction with other agencies) developed cooperative relationships with the local courts which assist in determination of:

    a. Whether or not to go to court in particular cases? _____ Yes _____ No

    b. The proper method of case presentation? _____ Yes _____ No

    c. Implications of existing statutes? _____ Yes _____ No

Add up the number of questions under GOAL III to which you answered "No". Divide this number by the total number of questions under GOAL III (23). Do not include the performance indicators in either calculation.

$$\text{Percent "NOs"} = \frac{\text{Number of "NOs"}}{23} \times 100 = \underline{\hspace{3cm}}\%$$

IV. IN-HOME SERVICES

Children's Bureau
Publications Unit
P.O. Box 1182
Washington, D.C. 20013

IV. IN-HOME SERVICES CHECKLIST

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INTRODUCTION

The Local Child Welfare Services Self-Assessment Manual contains eight sections, including an introduction and seven sections covering a different facet of the child welfare system. The first part of each of the seven sections (II-VIII) is a self-assessment checklist. Accompanying each checklist is a resource section that highlights research findings and provides a bibliography. Specific references to the resource material are footnoted throughout the checklists.

Definition

In-Home Services encompass a broad range of services and programs which support child welfare goals to maintain, enhance, or rehabilitate parental, child, and family functioning in the home, thus avoiding the necessity of out-of-home placement in substitute care. In some agencies these services may be provided in the context of protective supervision. The most commonly utilized services to support a diagnostic decision to provide services in-home are: day care, homemaker service, and general casework/counseling services. These services may be provided singly, or in combination with other services uniquely suited to particular client needs. Provision may be direct or thorugh purchase of service contracts, cooperative agreements, or referrals. See Resource Section, pp. 5-8, for a more detailed description of In-Home Services.

Organization

This section is concerned with an agency's response to emergency cases and the immediate provision of emergency services. More detailed discussion of intake investigation and provision of services on a longer term basis is presented in other sections of the Manual.

To summarize, the Emergency/Protective Checklist begins by focusing on coordination of referral, investigation, and service responsibilities between the child welfare agency and other agencies in the community (such as law enforcement, courts, and related social service units). Next, the agency's efforts to encourage community recognition and reporting of cases is assessed. The final two goals cover the agency's response to the emergency (intake screening and caseworker investigation), and the availability and selection of appropriate emergency services, service provision, monitoring, and termination.

Data Needs

When answering performance indicator questions, it will usually be necessary to consult agency records or reports for exact figures; however, in some cases it may be sufficient for assessors to respond on the basis of their professional judgment. The person completing this section should be familiar with community coordination of emergency services, agency publicity for improved reporting, and availability and delivery procedures for emergency services. Specific data requirements include: approximate number of unsubstantiated reports, length of time to respond to referrals, sources of referrals, incidence of recidivism after agency contact, and incidence of recidivism after termination of cases.

INSTRUCTIONS FOR COMPLETING THE CHECKLIST

Respond to the performance indicator questions stated under each goal by checking those which are applicable to your agency. Your responses will help pinpoint agency deficiencies and strengths and will indicate how actual agency outcomes in each service area compare with those that are generally considered best practice.

If any of the performance indicator questions were checked then you should also complete the criteria questions under each objective. Your agency may find it useful to review the procedures and concepts suggested by the criteria questions.

Answer "yes" or "no" to the questions included under each goal. Add up the number of criteria questions to which you answered "no", and calculate the percent of "no" questions under each goal using the formula. Any questions left blank should be counted as a "no" answer. No space has been provided for "not applicable" responses to emphasize that although issues raised in some questions may be outside of the agency's span of control, they nevertheless may be within an agency's sphere of influence.

After calculating the percent of "no" answers for each goal, enter these percent scores on the Goal Summary Chart on pages 9-10 of the Introduction. Recording these scores provides a method for agency administrators to compare performance across all program areas.

For those goals where your agency's performance is deficient, refer to the checklist questions which, in substance, suggest best practice. In addition, the accompanying Resource Section discusses methods which have worked in other agencies and indicates where further information may be obtained. References to the Resource Section(s) are footnoted throughout the checklist.

A variety of methods may be employed to complete the self-assessment. The assessment process is designed to provide a strategy for constructive change within your agency and to improve communication among all levels of staff. Agency administrators and supervisors may wish to complete the checklists independently. An alternative method would be to complete them in staff or committee meetings. Performance indicators or criteria questions eliciting disagreement should be freely and openly discussed and could provide a basis for staff development activities.

It is recognized that a wide variation exists among local agencies in geographic location, agency size, characteristics of client population, staff turnover, and other factors. The Manual is designed so that each agency can determine the proportion or pattern of "no" responses which exceeds good local practice. In this way the agency can obtain baseline measures for gauging improvements over time.

IN-HOME SERVICES

GOAL I: EFFECTIVE IN-HOME SERVICES

Performance Indicators:

- Within the past year, were more than 10% of the children originally served in-home later placed outside the home because of the failure of in-home services to result in needed changes? ____
- Of cases where children were temporarily removed from home in the past two years, have more than 10% of these children remained in foster care because services to natural parents did not produce needed changes? ____
- Within the past year, were in-home services terminated prematurely by clients in more than 10% of your cases? ____
- Do you have sufficient staff to maintain frequent regular contact with clients receiving in-home services, particularly during the first three months of service?1/ ____
- Do clients complain that in-home services are unreliable, inaccessible, or do not meet their needs? ____

If you checked any of the above questions, you may need to improve: standards for service providers; matching of services to client needs; coordination among clients, caseworkers and service providers; or monitoring of services.

Objective A: Meeting Standards for In-Home Services 2/

1. Do you evaluate day care facilities prior to contracting for services and eliminate those which do not meet minimum standards for health, safety, comfort and supervision? ____ Yes ____ No

---

1/ See Child Welfare League of America Standards for Child Protective Service (New York: Child Welfare League of America, 1973), p. 60. "... a fulltime practitioner is needed for every 20 families, assuming that the rate of intake is not more than one new case for every six open cases."

2/ See Resource Section, pp. IV 9-10, for a discussion of standards.

2. Do you apply written standards for day care which specifically refer to:

   a. Family day care homes? ___ Yes ___ No

   b. Day care centers? ___ Yes ___ No

3. Does your agency apply written standards for homemakers recruited directly, or determine that providers are licensed and apply minimum standards? ___ Yes ___ No

4. Do you require that consultants to the agency meet established criteria in order to be hired? ___ Yes ___ No

5. Do homemakers have training which includes:

   a. Individual conferences and supervision on the job? ___ Yes ___ No

   b. Opportunities for group discussion meetings with other homemakers? ___ Yes ___ No

   c. Courses pertaining to child care and development, family relationships, home management, and the services of other social agencies and community resources? ___ Yes ___ No

   d. Specialized training for homemakers working with abuse and neglect cases? ___ Yes ___ No

6. Do you evaluate home situations so that emergency caretakers or homemakers are not required to enter situations that are potentially volatile due to unduly hostile parents, severe behavior problems on the part of children, or grossly inadequate homes? ___ Yes ___ No

7. Do you require that protective service workers and other individuals who counsel the child and/or natural parents have training and skills which are outlined in writing? ___ Yes ___ No

Objective B: Matching of Appropriate In-Home Service to Client Need

8. Do caseworkers and counselors utilize techniques for idenifying and modifying problematic behavior of parents?[3] ___ Yes ___ No

---

[3] See Resource Section, pp. IV 15-17, for a discussion of innovative techniques in casework.

9. Do you conduct outreach activities to identify families that may be "at risk" in order to provide preventive services? ____ Yes ____ No

10. Do you provide immediate, short-term and, if necessary, intensive casework support to families at the point of crisis? ____ Yes ____ No

11. Do you arrange for the following diagnostic evaluations to assist workers to make service decisions:

    a. Psychological/psychiatric? ____ Yes ____ No

    b. Educational? ____ Yes ____ No

    c. Physical? ____ Yes ____ No

12. Are client needs evaluated according to objective criteria that indicate which in-home services should be supplied? ____ Yes ____ No

13. For each case where the goal is to maintain the child in-home or to return the child to the home, do case plans specifically delineate the changes required in client behavior and/or circumstances in order to meet these goals? ____ Yes ____ No

14. Are in-home services to children and natural parents always designed to help meet the objectives and goals described in the case plan? ____ Yes ____ No

15. Where appropriate, do casework or counseling services focus on particular parent or child problems which have been identified as crucial in determining whether the family can remain intact? ____ Yes ____ No

16. Is a resource file available to every caseworker listing all agencies providing in-home services?[4] ____ Yes ____ No

17. Does this resource file include for each agency:

    a. Name and address of agency? ____ Yes ____ No

    b. Types of service provided? ____ Yes ____ No

    c. Hours of operation? ____ Yes ____ No

---

[4] See Resource Section, pp. IV 17-18, for discussion of the critical importance of coordination in the management of cases.

d. Any eligibility requirements? ____ Yes ____ No

e. Names of any staff members through whom services have been previously coordinated? ____ Yes ____ No

f. Availability of purchase or co-op agreements? ____ Yes ____ No

g. Prior experience with that resource? ____ Yes ____ No

h. Evaluation of services? ____ Yes ____ No

i. Clients' opinions concerning quality and effectiveness of service? ____ Yes ____ No

18. As new resources and services become available, are workers notified in staff meetings or by memo? ____ Yes ____ No

19. Do you provide caseworkers with guidelines regarding cost per unit of support service to assist in formulating treatment plans? ____ Yes ____ No

20. When needed service is not available through your agency but known to exist at another, is referral and follow-up provided by your agency? ____ Yes ____ No

21. When there is a fee for this needed service, does your agency finance or underwrite this cost for eligible clients? ____ Yes ____ No

22. When needed services are not readily available, does your agency develop them for the client? ____ Yes ____ No

23. Can expenditures for needed in-home services be authorized with minimal review and delay? ____ Yes ____ No

Objective C: Close Coordination Among Client, Worker and Service Provider

24. If services are to be provided by another community agency, do workers determine in advance whether the service provision will be by purchase of service contract, cooperative agreement, or referral? ____ Yes ____ No

25. When purchasing services from other agencies, are purchase of service contracts formalized in writing for each client? ____ Yes ____ No

26. Are cooperative agreements with agencies to which clients are referred formalized in writing? ____ Yes ____ No

27. Does the appropriate agency worker clarify with each service provider for each case:

    a. Exactly what services are to be provided? _____ Yes _____ No

    b. Definition and description of each service? _____ Yes _____ No

    c. When and how long services are to be provided? _____ Yes _____ No

    d. Reimbursement procedures? _____ Yes _____ No

    e. Feedback expected from the service provider? _____ Yes _____ No

    f. Agency mechanisms for monitoring client progess? _____ Yes _____ No

28. Are procedures for collaboration between your agency and provider agencies established in writing at the administrative and caseworker levels? _____ Yes _____ No

29. Are regular meetings held between service provider agencies and child welfare administrators to review shared cases, assess on-going demand for services, and facilitate interagency coordination? _____ Yes _____ No

30. When services are provided by other units within the child welfare or social services department (e.g., income maintenance), do procedures exist at the administrative level for exchange of information and coordination in service provision? _____ Yes _____ No

31. Is every effort made to provide continuity of caseworker/client relationships by avoiding transfer of responsibilities? _____ Yes _____ No

32. Do caseworkers always maintain regular (at least monthly) contact with clients during the provision of protective or in-home services? _____ Yes _____ No

33. Are there always regularly scheduled contacts between caseworkers and homemakers during provision of services? _____ Yes _____ No

34. Are caseworkers present, if possible, at the first meeting between parent, child and homemaker? _____ Yes _____ No

35. Are homemakers given status and recognition for the important role they play in maintaining, enhancing or rehabilitating family functioning? _____ Yes _____ No

Objective D: Monitoring and Termination of Services Being Supplied

36. Is a case plan always formulated (in conference with parents and child, if old enough) which includes:

    a. Case goals? ______ Yes ______ No

    b. Description of presenting problems as a baseline against which to measure progress? ______ Yes ______ No

    c. Specific services to be provided? ______ Yes ______ No

    d. Time limited objectives? ______ Yes ______ No

    e. Specific actions to be taken by child (if appropriate), parents, and caseworker? ______ Yes ______ No

    f. Alternate plan? ______ Yes ______ No

    g. Expected date of termination of services or implementation of alternate plans? ______ Yes ______ No

37. Where possible, do you write case plans as contracts which are signed by client and caseworker?5/ ______ Yes ______ No

38. Are case plans reviewed with parents and child (where appropriate) regarding progress toward time limited objectives? ______ Yes ______ No

39. If progress is not being made, are services terminated or alternate plans implemented? ______ Yes ______ No

40. If progress is being made, are services terminated as soon as realistically possible?6/ ______ Yes ______ No

41. Do caseworkers and supervisors periodically and routinely review cases to determine if:

    a. Objectives for natural parents and/or child have been met and child should return home? ______ Yes ______ No

    b. Objectives for natural parents and/or child have not been met, and child should be placed? ______ Yes ______ No

---

5/ See Resource Section, pp. IV 13-15, for a discussion of case plans as contracts with clients.

6/ The Resource Section, pp. IV 18-19, addresses the issue of duration of service. Supervisors should be aware that staff may sometimes be reluctant to close cases, which may be in neither the best interests of the clients nor of the agency. This can be a salient factor influencing heavy caseloads.

c. Work with natural parents is not producing necessary changes, and child should be freed for adoption or transferred to long-term, contractual foster care or guardianship? ____ Yes ____ No

42. Does your agency seek clients' opinions regarding quality and effectiveness of purchased services? ____ Yes ____ No

---

Add up the number of questions under GOAL I to which you answered "No". Divide this number by the total number of questions under GOAL I (69). Do not include the performance indicator questions in either calculation.

$$\text{Percent "NOs"} = \frac{\text{Number of "NOs"}}{69} \times 100 = \underline{\hspace{6em}}\%$$

GOAL II: ENOUGH IN-HOME SERVICES TO MEET NEED

Performance Indicators:

- Within the past year, have any children been removed unnecessarily from their homes because of an insufficient supply of in-home support services? ____
- Have clients requested, or demonstrated a need for any in-home services which the agency has failed to supply? ____
- Do you currently have any children who remain in foster care because of insufficient in-home support services for natural parents to correct problems and allow for return of the child? ____
- Do you currently have any case goals which cannot be attained due to unavailability of in-home services or insufficient staff? ____

If you checked any of the above questions, you should ensure that workers are aware of all potential support services in the community and that recruitment and development efforts are undertaken to provide additional needed services and staff.

Objective A: Access to Needed Services

1. Do you believe that you have access to the in-home services that you need to maintain children in their families? ____ Yes ____ No
2. Do you believe that you have access to the in-home services necessary to help natural parents make the adjustment required to facilitate return of children who are currently in out-of-home placement? ____ Yes ____ No
3. Does your agency utilize homemakers to maintain families intact? ____ Yes ____ No
4. Does your agency provide homemakers on a 24-hour basis in the case of family emergencies? ____ Yes ____ No
5. Does your agency refer clients to day care centers or family day care arrangements? ____ Yes ____ No
6. Do you have access to or provide counseling services for both parents and children? ____ Yes ____ No
7. Are caseworkers or counselors available on a regular basis to work with natural parents when the case plan is to return the child to the family? ____ Yes ____ No

Objective B: Recruitment of Needed Services

8. Do you have an individual or unit responsible for obtaining needed in-home services? ___ Yes ___ No

9. When directly recruiting 7/ homemakers and emergency caretakers, is use made of:

   a. Communications media (e.g., newsletters, magazines)? ___ Yes ___ No

   b. Person-to-person contact by homemakers? ___ Yes ___ No

   c. Volunteer groups or churches? ___ Yes ___ No

10. Do you make an effort to clarify the role of the homemaker as an integral member of a social service team by:

   a. Differentiating the homemaker role from that of general housekeeping service? ___ Yes ___ No

   b. Providing recognition for outstanding contributions to overall agency performance, as well as to individual case outcomes? ___ Yes ___ No

   c. Encouraging homemaker participation in general staff meetings and case conferences? ___ Yes ___ No

   d. Individual contact between caseworker and homemaker handling each case? ___ Yes ___ No

11. Do you utilize visiting public health nurses to assist families? ___ Yes ___ No

Objective C: Expanding In-Home Services Through Community Education and Coordination

12. Do you have interagency conferences to:

   a. Examine potential unused service resources in the community? ___ Yes ___ No

   b. Seek funding for new services? ___ Yes ___ No

   c. Advocate for changes in service emphasis in response to changing demand and new research findings? ___ Yes ___ No

---

[7] See In-Home and Foster Family Care Resource Sections for a discussion of recruitment issues and strategies.

d. Focus public attention on the unmet needs of children in the community? ____ Yes ____ No

13. Do you include representatives from the following groups at interagency conferences:

a. Medical and legal communities? ____ Yes ____ No

b. Community planners? ____ Yes ____ No

c. Law enforcement personnel? ____ Yes ____ No

d. Minority groups? ____ Yes ____ No

e. State and local legislators? ____ Yes ____ No

f. Private social services agencies? ____ Yes ____ No

g. Communications media, where appropriate? ____ Yes ____ No

14. When requesting additional funds for in-home services, do you refer specifically to:

a. Studies demonstrating that additional investments in in-home services can cut down on overall costs by reducing foster care and unnecessary processing of cases through the courts?[8] ____ Yes ____ No

b. Statistics from your case load documenting the number and types of cases which could not be adequately served because of shortage of in-home services? ____ Yes ____ No

c. Estimates of the cost associated with alternative forms of care (e.g., foster care, institutionalization) required because adequate supplementary and supportive services were not available? ____ Yes ____ No

---

[8] Some such studies are: *A Second Chance for Families: Evaluation of a Program to Reduce Foster Care* (New York: Child Welfare League of America, 1975); E. Heck and A. Gruber, *Treatment Alternatives Project* (Boston: Boston Children's Service Association, March 1976); B. Bernstein, et al., *Foster Care Needs and Alternatives to Placement: A Projection for 1975-1985* (New York: New York State Board of Social Welfare, 1975); M. Burt and L. Blair, *Options for Improving the Care of Neglected and Dependent Children* (Washington, D.C.: The Urban Institute, 1971).

15. Have you engaged in community education activities designed to inform the public of the problem, and to develop advocacy groups to press for additional resources and funds for needed services? ____ Yes ____ No

---

Add up the number of questions under GOAL II to which you answered "No". Divide this number by the total number of questions under GOAL II (31). Do not include the performance indicator questions in either calculation.

$$\text{Percent "NOs"} = \frac{\text{Number of "NOs"}}{31} \times 100 = \underline{\qquad\qquad}\%$$

V. FOSTER FAMILY CARE

Children's Bureau
Publications Unit
P.O. Box 1182
Washington, D.C. 20013

V. FOSTER FAMILY CARE CHECKLIST

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INTRODUCTION

The Local Child Welfare Services Self-Assessment Manual contains eight sections, including an introduction and seven sections covering a different facet of the child welfare system. The first part of each of the seven sections (II-VIII) is a self-assessment checklist. Accompanying each checklist is a resource section that highlights research findings and provides a bibliography. Specific references to the resource material are footnoted throughout the checklists.

Definition

Foster family care is defined as the provision of a substitute family, for a planned period of time, for a child who has to be separated from his or her natural or legal parents.

Organization

The foster family care section focuses on three specific goals. The first goal is successful foster family placements. In order to achieve this goal, standards for the selection of foster families must be met, the child and the foster family should be effectively matched, all pertinent topics should be discussed prior to placement, and the placement should be monitored periodically.

The second goal is to provide enough foster family homes to satisfy agency needs. Questions are asked which center around recruiting a sufficient number of desirable foster families, retaining these homes as an ongoing resource, and examining the reimbursement policies of the agency.

Goal three concerns moving children out of foster care into a permanent placement. Efforts to achieve this goal include regularly reviewing the status of foster care cases, and utilizing permanent planning strategies for each child in foster care.

Data Needs

When answering performance indicator questions, it will usually be necessary to consult agency records or reports for exact figures; however, in some cases it may be sufficient for assessors to respond on the basis of their professional judgment. The person completing this section should be knowledgeable regarding: how standards are applied to the selection of foster families; topics which are covered in preplacement interviews with prospective foster parents; monitoring and support services provided to foster parents, natural parents, and child; and termination procedures. In addition, the person completing this checklist should be familiar with: agency efforts to recruit foster families; agency policy regarding recognition, training, support, and role of foster parents; agency reimbursement policies; and the success of the agency in placing minority and special needs children. The assessor should also be familiar with case review procedures, and the practice techniques necessary to secure permanent placements.

Specific data needs include statistics or estimates of the percent of children placed in two or more foster family homes, the number of children in "short-term" foster family care for over two years; the percent of children who are returned to their families where that is the goal, and information on the frequency of case reviews by the court and the agency.

INSTRUCTIONS FOR COMPLETING THE CHECKLIST

Respond to the performance indicator questions stated under each goal by checking those which are applicable to your agency. Your responses will help pinpoint agency deficiencies and strengths and will indicate how actual agency outcomes in each service area compare with those that are generally considered best practice.

If any of the performance indicator questions were checked then you should also complete the criteria questions under each objective. Your agency may find it useful to review the procedures and concepts suggested by the criteria questions.

Answer "yes" or "no" to the questions included under each goal. Add up the number of criteria questions to which you answered "no", and calculate the percent of "no" questions under each goal using the formula. Any questions left blank should be counted as a "no" answer. No space has been provided for "not applicable" responses to emphasize that although issues raised in some questions may be outside of the agency's span of control, they nevertheless may be within an agency's sphere of influence.

After calculating the percent of "no" answers for each goal, enter these percent scores on the Goal Summary Chart on pages 9 - 10 of the Introduction. Recording these scores provides a method for agency administrators to compare performance across all program areas.

For those goals where your agency's performance is deficient, refer to the checklist questions which, in substance, suggest best practice. In addition, the accompanying Resource Section discusses methods which have worked in other agencies and indicates where further information may be obtained. References to the Resource Section(s) are footnoted throughout the checklist.

A variety of methods may be employed to complete the self-assessment. The assessment process is designed to provide a strategy for constructive change within your agency and to improve communication among all levels of staff. Agency administrators and supervisors may wish to complete the checklists independently. An alternative method would be to complete them in staff or committee meetings. Performance indicators or criteria questions eliciting disagreement should be freely and openly discussed and could provide a basis for staff development activities.

It is recognized that a wide variation exists among local agencies in geographic location, agency size, characteristics of client population, staff turnover, and other factors. The Manual is designed so that each agency can determine the proportion or pattern of "no" responses which exceeds good local practice. In this way the agency can obtain baseline measures for gauging improvements over time.

FOSTER FAMILY CARE

GOAL I: SUCCESSFUL FOSTER FAMILY PLACEMENTS

Performance Indicators:

- Within the past year, have more than 5% of children in foster family care in your agency had to be moved to a second foster home (excluding initial emergency placements)? ____
- Of your current caseload of children in foster family care, have more than 5% been in two or more different foster family homes (excluding initial emergency placements) within the past year? ____
- Are children maintained in foster family placements for more than two years when the goal is to return the child to the natural family? ____
- Are there instances where a child is placed in short-term foster family care, but no work is being done with natural parents? ____

If you checked any of the above questions, it is possible that you could improve your selection of foster families, matching of family to children, follow-through services, or termination procedures. The following objectives and criteria should help pinpoint problems and suggest solutions:

Objective A: Use of Agency-Wide Standards for Foster Family Selection 1/

1. Do you have written standards to guide the selection of foster family homes?2/ ____ Yes ____ No

---

1/ See Resource Section, pp. V 5-7, for foster parent characteristics which have been shown to be related to placement success.

2/ See Standards for Foster Family Services Systems (Washington, D.C.: American Public Welfare Association, 1975) and Child Welfare League of America Standards For Foster Family Care (New York: Child Welfare League of America, 1975).

2. Do you use an interview form or questionnaire for foster family applicants which explicitly helps the agency to determine if its standards are met?3/ ____ Yes ____ No

3. Is each adult in an applicant foster family interviewed? ____ Yes ____ No

4. Are natural children of the applicant family interviewed as part of the application process?4/ ____ Yes ____ No

5. Do your standards for foster family selection include:5/

   a. Housing and safety standards? ____ Yes ____ No

   b. Family composition factors? ____ Yes ____ No

   c. Personal characteristics? ____ Yes ____ No

Objective B: Effective Selection of Foster Families

6. In cases where the goal is to return the child to the natural family, is top priority given to:

   a. Placing the child as close to home as possible? ____ Yes ____ No

   b. Placing the child with friends, relatives, or neighborhood contacts? ____ Yes ____ No

7. Does your agency try to accommodate the particular requests, needs, or requirements of foster parents when matching them to a child? ____ Yes ____ No

8. Does your agency use pre-established criteria for selecting foster parents, which include:

   a. Foster parent's abilities to deal with various types of placement (i.e., adolescent, infants available for adoption, sibling groups, children with physical disabilities, mentally retarded or emotionally disturbed)? ____ Yes ____ No

---

3/ See Resource Section, p. V-7, for a description of an interview form developed by P. Cautley and D. Lichstein, Manual for Homefinders, The Selection of Foster Parents (Wisconsin: Department of Health and Social Services, 1974).

4/ M. Aldridge and P. Cautley, Predictors of Success in Foster Care (Wisconsin: Department of Health and Social Services, 1973), identified "rivalry between foster parents' own children and foster child" as being one of ten cited factors associated with placement failures.

5/ See Resource Section, p. V-8, for a reference to suggested standards for selecting foster homes.

b. Foster family preferences? ____ Yes ____ No

c. Consideration of ethnic group/culture? ____ Yes ____ No

d. Ages of the natural and foster children? ____ Yes ____ No

e. Shared interests, hobbies, etc. between child and foster parents? ____ Yes ____ No

9. When selecting foster parent(s), do workers consider the effect of having some children in the foster home whose parent(s) visits them with other children whose parent(s) does not? ____ Yes ____ No

Objective C: Effective Preplacement Services

10. Are foster parents provided with written material (e.g., a handbook) describing procedures and responsibilities? ____ Yes ____ No

11. Do you have a written checklist available to social workers which includes topics to be covered in the preplacement discussion with foster parents?6/ ____ Yes ____ No

12. Do caseworkers cover the following areas during preplacement discussions:7/

Length of Placement

a. How long the worker expects the placement to last? ____ Yes ____ No

b. Obstacles that may change the length of placement, such as: natural family situation, opening in a home closer to the facilities the child needs, etc.? ____ Yes ____ No

c. Consequences to a child of moving him from one foster home to another? ____ Yes ____ No

Health of Child

d. Any special health problems child may have? ____ Yes ____ No

e. Any medication child may need--where and how it can be obtained? ____ Yes ____ No

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6/ See Resource Section, pp. V 16-19, for a discussion of recommended preplacement procedures.

7/ Questions a-t were developed by M. Aldridge, et al., *Guidelines for Placement Workers* (Wisconsin: University of Wisconsin Center of Social Services, 1974), p. 65.

f. Agency regulations regarding medical-dental care? ____ Yes ____ No

g. Which physician(s) the mother may use? ____ Yes ____ No

h. Foster parents' legal rights and or responsibility if child must receive medical attention? ____ Yes ____ No

i. What emergency measures foster parents can take? ____ Yes ____ No

j. Telephone number of person(s) to reach in case emergency? ____ Yes ____ No

Handicapping Conditions Child May Have

k. Any physical handicaps that will necessitate special effort from foster parents? ____ Yes ____ No

l. Any special equipment child needs, such as ramps, wheelchair, etc.? ____ Yes ____ No

m. Therapy the foster parents will be expected to help child with? ____ Yes ____ No

School

n. Where child is to attend school? ____ Yes ____ No

o. Whether or not school records have been sent to the new school? ____ Yes ____ No

p. How child is to get to school--bus, walk, etc.? ____ Yes ____ No

q. Who is to discuss with school and teachers any special problems of child? ____ Yes ____ No

Natural Family

r. Major reason child is in foster care? ____ Yes ____ No

s. Visiting rights of each natural family member? ____ Yes ____ No

t. Situations that may arise when natural family visits? ____ Yes ____ No

13. If possible, do workers talk with foster parents about a child at least twice, prior to placement, for as long as necessary to cover all necessary topics and questions? ____ Yes ____ No

14. Do workers usually make a special effort to include the foster father in preplacement contacts? ___ Yes ___ No

15. Is the entire financial arrangement between the agency and the foster family discussed prior to placement, including:

    a. Discussion of the basic monthly payment? ___ Yes ___ No

    b. Discussion of all reimbursable expenditures? ___ Yes ___ No

    c. Discussion of details of how the above are handled? ___ Yes ___ No

16. Do social workers attempt to explain the likely reaction of the child to placement (i.e., "Honeymoon period," subsequent depression, and final adjustment stage)?8/ ___ Yes ___ No

17. If possible, does the worker establish a relationship with the child prior to placement? ___ Yes ___ No

18. If appropriate, is the child encouraged and assisted to express overt and inner feelings about the placement? ___ Yes ___ No

19. If appropriate, does the child participate as much as possible in the placement decision? ___ Yes ___ No

20. Except in emergency situations, do the child and social worker always visit the foster family home prior to placement? ___ Yes ___ No

21. Are placement contracts with foster parents updated annually? ___ Yes ___ No

Objective D: Monitoring Services

22. Is intensive supervision and support provided to the foster family, natural parents, and child during the first month of placement? ___ Yes ___ No

23. Are regular, structured monthly contacts continued between worker, foster parents and child throughout the placement?9/ ___ Yes ___ No

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8/ For further discussion of a child's likely reaction to placement, see N. Littner, Some Traumatic Effects of Separation and Placement (New York: Child Welfare League of America, 1956).

9/ See Resource Section, pp. V 20-24, for a suggested interview form and guidelines for follow-up services.

24. Are support services (transportation, babysitting, etc.) provided to the foster family to increase participation in foster parent discussion groups or activities? ____ Yes ____ No

25. Does the caseworker try to inform the foster parents of procedures and arrangements available through the agency to ensure the provision of routine medical, dental, educational and counseling services to the child? ____ Yes ____ No

26. Are time, frequency, location, and structure of visits between natural parents and child discussed with and clearly understood by foster parents, natural parents and child? ____ Yes ____ No

27. Is provision made for natural parents to meet all or part of the costs of the child's care, according to their ability to do so? ____ Yes ____ No

28. Is there a grievance procedure established for foster parents? ____ Yes ____ No

---

Add up the number of questions under GOAL I to which you answered "No". Divide this number by the total number of questions under GOAL I (56). Do not include the performance indicator questions in either calculation.

$$\text{Percent "NOs"} = \frac{\text{Number of "NOs"}}{56} \times 100 = \underline{\hspace{3cm}}\%$$

GOAL II: ENOUGH FOSTER FAMILY HOMES TO SATISFY AGENCY NEEDS

Performance Indicators:

- Are there children who remain at home, are sent to institutions, or remain in emergency homes because of a shortage of foster homes? ____
- Are any of your current foster family homes overcrowded, with more than six children or more than two children under age two (including foster parents' own children)? ____
- Do you have waiting lists or backlogs for admission to foster family care? ____
- Are children being placed at a great distance because of a shortage of nearby foster family homes? ____
- Is the number of available minority foster families less than the number of minority children needing homes? ____
- Of minority children who are in foster family homes, are most of them placed with non-minority foster parents? ____
- Did more than 20% of existing foster family homes withdraw from the program within the last year?10/ ____

If you checked any of the above questions, your agency may have a shortage of foster families or difficulties in retaining them. The following questions on recruitment, retention, and reimbursement of foster family homes should identify problems in these three areas and recommend alternative procedures.

Objective A: Recruiting a Sufficient Number of Foster Families 11/

1. Have you identified the types of children who present a recruitment problem for your agency (e.g., minorities, adolescents, children with physical disabilities, emotionally deprived or disturbed children)? ____ Yes ____ No
2. Are recruitment efforts geared to the number and characteristics of children needing placement? ____ Yes ____ No

---

10/ M. Wolins, Selecting Foster Parents: The Image and the Reality (New York: Columbia University Press, 1953), reports that an annual foster family turnover rate of about one-third is typical for most agencies.

11/ See Resource Section, pp. V 9-11, on recruiting foster families, and pp. V 12-14, on recruiting minority foster families.

3. Do current recruitment efforts result in a pool of foster family applicants large enough to select needed foster families who meet agency standards? ____ Yes ____ No

4. Do recruitment efforts attempt to provide realistic information about the requirements of foster parenting, in order to avoid attracting applicants who later withdraw? ____ Yes ____ No

5. Does the recruitment program delineate the foster family abilities required for care of particular types of children? ____ Yes ____ No

6. In recruiting foster parents for adolescents, does the agency usually:

   a. Explain that a developmental task of adolescence revolves around establishing independence from the family group? ____ Yes ____ No

   b. Assess whether or not the prospective foster family has the potential for successfully dealing with an adolescent? ____ Yes ____ No

7. Does your program use trained foster parents and volunteers in recruitment orientation and/or screening of applicants? ____ Yes ____ No

8. Are foster parents, including those representing minority groups, used in conducting outreach efforts on a one-to-one basis to recruit foster parents? ____ Yes ____ No

9. Are minorities represented on your staff and board in proportion to the minority population in your caseloads?[12] ____ Yes ____ No

10. Do minority group representatives participate in:

   a. Identifying client needs? ____ Yes ____ No

   b. Developing responsible in-service training programs? ____ Yes ____ No

   c. Planning for needed agency changes? ____ Yes ____ No

   d. Your agency board? ____ Yes ____ No

---

[12] A study by D. Wachtel, "Adoption Agencies and the Adoption of Black Children," cited by A. Kadushin, Child Welfare Services (New York: Macmillan, 1974), p. 584, shows that the level of minority representation on the staff is correlated with the frequency of minority placements.

11. Where possible, do you:

    a. Target recuitment efforts to the child's own neighborhood? ____ Yes ____ No

    b. Seek out friends, relatives, and neighborhood contacts as potential foster parents or as potential recruiters? ____ Yes ____ No

12. Does your agency publicity usually make use of more than two forms of communication (e.g., brochures, radio, mobile units in neighborhoods, door-to-door solicitations, speakers bureau)?13/ ____ Yes ____ No

13. Is pre-selection screening used to eliminate obviously inappropriate applicants within 15 days of initial application?14/ ____ Yes ____ No

14. Do you utilize low cost initial screening methods such as group interviews? ____ Yes ____ No

15. Is in-depth home study of foster family applicants conducted within 30 days?15/ ____ Yes ____ No

16. Are agency hours flexible for applicants (e.g., evenings, Saturdays)? ____ Yes ____ No

Objective B: Retaining Foster Family Homes 16/

Foster parents often drop out of placements for reasons which are tied to selection or matching of foster family and child (i.e., the child does not adjust to the family's own children or the foster child's behavioral problems are too severe for the parent). Important factors in retention are: a clear perception of the foster parent role, the foster parent's relationship to the agency and effective foster parent training.

17. Do you usually determine from foster parents who drop out of placements their reasons for termination? ____ Yes ____ No

---

13/ J. Vick, in "Recruiting and Retaining Foster Homes," Public Welfare, 25:3 (July 1967), pp. 229-234, suggests the use of two or more forms of publicity when recruiting.

14/ See Resource Section, p. V-15, for a discussion of procedures for initial screening of foster family applicants.

15/ Standards for Foster Family Services Systems.

16/ See Resource Section, p. V-25, for a presentation of factors shown to contribute to high turnover of foster family homes.

18. Is this information retained and analyzed to improve agency relations and policies where applicable? ____ Yes ____ No

19. Does your agency provide specific recognition to foster parents (e.g., functions in their honor, awarding of certificates, special recognition to foster parents who have worked with the agency over a long period of time)? ____ Yes ____ No

20. Are foster parents encouraged to participate in foster parent organizations at the local, regional, and national levels? ____ Yes ____ No

21. Have roles been clearly defined and expectations outlined to foster parents in writing, so that they understand the respective rights of the foster parents, the child's own parents, and the social agency?17/ ____ Yes ____ No

22. Does the agency use foster family groups or courses in defining foster parent roles or in building role models?18/ ____ Yes ____ No

23. Are foster parents ever involved in the selection of their foster children? ____ Yes ____ No

24. Is the foster parent's role as agency co-worker and/or "team member" emphasized by encouraging him/her to function as a colleague in the planning and decision-making for the child? ____ Yes ____ No

Objective C: Increasing the Supply of Foster Family Homes Through Alternative Reimbursement Policies 19/

25. Have you ever assessed what effect increasing your rates would have on the supply of foster family homes in your community? ____ Yes ____ No

26. Are your rates competitive with other nearby areas? ____ Yes ____ No

---

17/ See Resource Section, pp. V 26-28, for a discussion of ways to help clarify foster parent roles.

18/ See Resource Section, pp. V 28-29, for a discussion of the use of various foster parent education programs.

19/ Resource Section, p. V-29, covers the issue of payments to foster families.

27. Is your basic monthly payment sufficient to cover a child's personal needs, housing, medical care, transportation, and other relevant costs?20/ ____ Yes ____ No

28. Does your agency reimburse foster parents who handle children with special needs? ____ Yes ____ No

29. Have you considered the option of paying fees or salary to foster parents in addition to the basic monthly reimbursement?21/ ____ Yes ____ No

30. Have you determined if additional fee payments would cost more or less than alternative placement options available in your community? ____ Yes ____ No

---

Add up the number of questions under GOAL II to which you answered "NO". Divide this number by the total number of questions under GOAL II (35). Do not include the performance indicator questions in either calculation.

$$\text{Percent "NOs"} = \frac{\text{Number of "NOs"}}{35} \times 100 = \underline{\hspace{3cm}}\%$$

20/ See Resource Section, pp. V 30-31, for a reference to a study on measuring the cost of foster family care.

21/ See Resource Section, pp. V 31-32, for a description of two successful projects where salaries were provided to foster parents in addition to basic costs.

GOAL III: MOVING CHILDREN OUT OF FOSTER CARE INTO PERMANENT PLACEMENTS

Performance Indicators:

- Are there children in foster care who are unlikely to return home and for whom no permanent plans are being made? ____
- Are there any children declared dependents of the court who have been in placement for more than one year without a court review? ____
- Are there any voluntary placements which have not been reviewed by this agency in more than 6 months? ____

If you checked any of the above questions, this may indicate that case reviews are not taking place frequently enough and that there is a need for permanent planning for children in foster care. The following questions are intended to identify and offer suggestions for overcoming these deficiencies.

Objective A: Regular Review of Foster Care Cases

1. Is every placement reevaluated at least every six months during regularly scheduled conferences with the foster parents, natural parent(s) and child (where possible) regarding time limited objectives of the treatment plan? ____ Yes ____ No

2. Do supervisors periodically review cases to determine if:

   a. Treatment plan goals for the child are appropriate? ____ Yes ____ No

   b. There is appropriate matching of services to case plan goals? ____ Yes ____ No

   c. Timely progress towards goals is occurring? ____ Yes ____ No

   d. A child has not remained in short-term foster care beyond designated time limits? ____ Yes ____ No

3. Do these reviews also determine vital information such as: 22/

   a. The child's name? ____ Yes ____ No

22/ Judge J. Steketee, "The CIP Story," Juvenile Justice 28:2 (May 1977), pp. 3-14, suggests that this information be determined in a case review. See Resource Section, pp. V 33-34, for a description of the CIP project.

b. Why the child is in placement? ____ Yes ____ No

c. Length of time the child has been in placement? ____ Yes ____ No

d. The child's legal status? ____ Yes ____ No

e. How frequently the child has been moved? ____ Yes ____ No

f. Frequency of child's contact with biological parent(s)? ____ Yes ____ No

g. Status of the child's siblings? ____ Yes ____ No

h. When the child's last court review or action occurred? ____ Yes ____ No

i. When or if parental rights have been terminated? ____ Yes ____ No

j. The child's vital statistics? ____ Yes ____ No

k. The current treatment plan for the child? ____ Yes ____ No

Objective B: Permanent Planning for Each Child in Foster Care

4. Is there a definite case plan developed for each child specifying time-limited objectives and criteria for their attainment? ____ Yes ____ No

5. Is such a case plan also developed for the natural parents to help them resume care of their children? ____ Yes ____ No

6. Do these plans aim at either returning the child home or freeing the child for adoption?[23] ____ Yes ____ No

7. If objectives of the plan for returning the child to the home are being met and parental contacts are frequent, does the agency make plans for returning the child to the home? ____ Yes ____ No

8. Does your agency provide after-care services to the natural family once the child is returned? ____ Yes ____ No

9. If time-limited objectives of the plan for returning the child to the home are not being met or if contacts are infrequent, are efforts made to determine the cause? ____ Yes ____ No

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[23] See Adoption Services Resource Section, pp. VI 5-7, for a discussion of the use of legal services in adoptive cases.

10. If it becomes apparent that the child will be unable to return home, does the agency begin legal proceedings for termination of parental rights and arrange some form of permanent foster care?24/ ____ Yes ____ No

11. Does permanency planning always begin with an assessment of the child's own home as a possible living situation for him/her? ____ Yes ____ No

12. Are natural parents' strengths always assessed? ____ Yes ____ No

13. Where appropriate, are ongoing services provided to reunite the natural family unit? ____ Yes ____ No

14. Have barriers to permanent planning for children in foster care been identified? ____ Yes ____ No

15. If it is decided that the foster child is unlikely ever to return home, do you always determine whether or not the child is adoptable? ____ Yes ____ No

16. If applicable, do agency adoption efforts make use of the following:

    a. Subsidized adoptions? ____ Yes ____ No

    b. Independent adoptions? ____ Yes ____ No

    c. Foster-Adopt program? ____ Yes ____ No

    d. Foster parent adoptions? ____ Yes ____ No

17. If adoption is not feasible, is an alternative permanent plan established? ____ Yes ____ No

18. Does this agency's alternative permanent plans include the following:

    a. Formalized long-term foster care? ____ Yes ____ No

    b. Placement with relatives, friends or godparents? ____ Yes ____ No

---

24/ See Resource Section, p. V-35, for a reference to V. Pike et al., Permanent Planning For Children In Foster Care Handbook for Social Workers (Portland, Oregon: Regional Resource Institute for Human Services, 1977).

VI. ADOPTION SERVICES

Children's Bureau
Publications Unit
P.O. Box 1182
Washington, D.C. 20013

VI. ADOPTION SERVICES CHECKLIST

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INTRODUCTION

The Local Child Welfare Services Self-Assessment Manual contains eight sections, including an introduction and seven sections covering a different facet of the child welfare system. The first part of each of the seven sections (II-VIII) is a self-assessment checklist. Accompanying each checklist is a resource section that highlights research findings and provides a bibliography. Specific references to the resource material are footnoted throughout the checklists.

Definition

Adoption services are activities provided through an organized social service agency under an approved plan, or by a licensed private adoption agency, for the purpose of adoption of a child who is legally or expected to be legally free for adoption. Adoption service comprises social work and other professional services that are required for the placement of children in adoptive families, and in facilitating the long-term adjustment of all parties involved in an adoption.

Organization

Successful adoptive placements, the first goal of this section, are considered as a function of efficient intake procedures, effective matching of parent and child, and on-going support services to assure successful adjustment of all those involved in the placement. The second goal concerns the issue of "quantity" of adoptive homes; that is whether or not there are enough homes for all children free to be adopted. Attainment of this goal is contingent upon early identification of all children for whom adoption is appropriate, and recruitment of adoptive parents for minority and special-needs children.

Data Needs

When answering performance indicator questions, it will usually be necessary to consult agency records or reports for exact figures; however, in some cases it may be sufficient for the assessors to respond on the basis of their professional judgment. This checklist requires an understanding of agency policies regarding: services to, and rights of, biological parents; use of legal counsel; use of guidelines for evaluating prospective adoptive parents; selection of adoptive parents; information provided to adoptive parents about the child; and preparation and follow-up services. Also covered are review procedures for the agency's foster care caseload in order to identify children who should be adopted, and recruitment procedures for adoptive parents for minority and special-needs children.

More specific requirements include statistics or estimates, for the past year, on the percent of adoption failures for healthy infants and for special-needs children, instances of abuse or neglect by adoptive parents, and the percent of adoptive applicants who withdraw their applications prior to adoption.

INSTRUCTIONS FOR COMPLETING THE CHECKLIST

Respond to the performance indicator questions stated under each goal by checking those which are applicable to your agency. Your responses will help pinpoint agency deficiencies and strengths and will indicate how actual agency outcomes in each service area compare with those that are generally considered best practice.

If any of the performance indicator questions were checked then you should also complete the criteria questions under each objective. Your agency may find it useful to review the procedures and concepts suggested by the criteria questions.

Answer "yes" or "no" to the questions included under each goal. Add up the number of criteria questions to which you answered "no", and calculate the percent of "no" questions under each goal using the formula. Any questions left blank should be counted as a "no" answer. No space has been provided for "not applicable" responses to emphasize that although issues raised in some questions may be outside of the agency's span of control, they nevertheless may be within an agency's sphere of influence.

After calculating the percent of "no" answers for each goal, enter these percent scores on the Goal Summary Chart on pages 9 - 10 of the Introduction. Recording these scores provides a method for agency administrators to compare performance across all program areas.

For those goals where your agency's performance is deficient, refer to the checklist questions which, in substance, suggest best practice. In addition, the accompanying Resource Section discusses methods which have worked in other agencies and indicates where further information may be obtained. References to the Resource Section(s) are footnoted throughout the checklist.

A variety of methods may be employed to complete the self-assessment. The assessment process is designed to provide a strategy for constructive change within your agency and to improve communication among all levels of staff. Agency administrators and supervisors may wish to complete the checklists independently. An alternative method would be to complete them in staff or committee meetings. Performance indicators or criteria questions eliciting disagreement should be freely and openly discussed and could provide a basis for staff development activities.

It is recognized that a wide variation exists among local agencies in geographic location, agency size, characteristics of client population, staff turnover, and other factors. The Manual is designed so that each agency can determine the proportion or pattern of "no" responses which exceeds good local practice. In this way the agency can obtain baseline measures for gauging improvements over time.

ADOPTION SERVICES

GOAL I: SUCCESSFUL ADOPTIVE PLACEMENTS

Performance Indicators:

- o Within the past year, have more than two percent of the healthy infants placed by your agency been returned to your agency's care before their adoptions became final?[1] ____
- o Within the past year, have more than 10 percent of the special-needs children placed by your agency been returned to your agency's care before their adoptions became final?[2] ____
- o Have there been any known instances of abuse or neglect of adoptees by their adoptive parents among the children placed by your agency within the past two years? ____
- o Do more than three months ever elapse after relinquishment of a healthy infant (under two years of age) and adoptive placement? ____
- o During the past year, has any petition to adopt been delayed by the court because legal preparation was inadequate? ____

If you checked any of the above questions, adoptive placements might be improved by examining standards, intake, selection of adoptive parents, pre-placement services or post-placement services.

Objective A: Meeting Standards for Adoption Services

1. Does your agency meet, to the maximum degree possible, good standards of practice within your state?[3] ____ Yes ____ No

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[1] See A. Kadushin and W. Seidl, "Adoption Failure: A Social Work Post-Mortem," Social Work 16:3 (July 1971), pp. 5-6, for more information on factors related to adoption failure.

[2] See A. Kadushin, Child Welfare Services, 2nd ed. (New York: Macmillan Publishing Co., 1974), pp. 571-574 for a review of outcomes of studies of adoptive placement of special-needs children. Agencies may have differing philosophies regarding the degree of risk they are willing to take in placing these children. Agencies specializing in these placements should be prepared to accept a higher disruption rate.

[3] For an example of standards of good practice to exceed minimal state licensing criteria, see Child Welfare League of America Standards for Adoption Services (New York: Child Welfare League of America, 1973), available from the League at 67 Irving Place, New York, New York, 10003.

2. In cooperative placements, does your agency determine whether or not other agencies also meet, to the maximum degree possible, good standards of practice? ____ Yes ____ No

3. Are all out-of-state placements made in accordance with good standards of practice?4/ ____ Yes ____ No

Objective B: Efficient Intake Procedures

4. Does your agency have written criteria for determining whether or not adoption is the appropriate choice of placement for a particular child?5/ ____ Yes ____ No

5. Does your agency regularly review (at least every 6 months) information about the types and numbers of children in its care for whom adoption is the appropriate placement choice? ____ Yes ____ No

6. Does your agency regularly readjust its adoptive parent recruitment effort to reflect the needs of the children for whom adoption is the placement choice? ____ Yes ____ No

7. Does your agency provide or arrange for, counseling and any other needed services to unmarried parents?6/ ____ Yes ____ No

8. Is provision of adequate medical care for an unmarried mother arranged for by your agency, if necessary? ____ Yes ____ No

9. Does your agency always provide or arrange for, the services necessary to enable the biological parents to keep the child if they wish to do so?7/ ____ Yes ____ No

10. Does your agency, in conjunction with the local court, meet state legal requirements to protect the rights of the putative father? ____ Yes ____ No

11. During the period in which each biological parent is reaching a decision concerning relinquishment, is the parent given a full explanation of his/her legal rights, responsibilities and obligations?8/ ____ Yes ____ No

---

4/ See the Interstate Compact on the Placement of Children, available from the American Public Welfare Association at 1155 Sixteenth Street, N.W., Suite 201, Washington, D.C. 20036, for suggested statutory guidelines.

5/ See Intake/Service Choice Resource Section for examples of criteria.

6/ See Child Welfare League of America Standards for Services for Unmarried Parents (New York: Child Welfare League of America, 1971) for more information on these services.

7/ CWLA Standards for Adoption Services, p. 16.

8/ Ibid., p. 17.

12. If the biological parent(s) decides to relinquish the child for adoption, does the agency always provide:

    a. Help with the relinquishment? ____ Yes ____ No

    b. Help with the separation process? ____ Yes ____ No

    c. Help to cope with the anxieties and guilts engendered by the relinquishment?[9] ____ Yes ____ No

13. Are biological parents advised of their right to legal counsel in cases involving involuntary termination? ____ Yes ____ No

14. Does your agency utilize specialized legal counsel experienced in adoption work during:

    a. Preparation of cases involving involuntary termination of parental rights? ____ Yes ____ No

    b. Legal separation of the child from biological parents, including fulfillment of legal obligation to conduct a "diligent search" for the putative father? ____ Yes ____ No

    c. Transfer of parental or custodial rights through assignment of legal custody and guardianship? ____ Yes ____ No

    d. Provision of consent to specific proposed adoption? ____ Yes ____ No

    e. Transfer of legal rights and responsibilities to adoptive parents?[10] ____ Yes ____ No

15. Are adoptive parents encouraged to obtain their own legal counsel? ____ Yes ____ No

16. Does your agency obtain, whenever possible, a medical history for each child to be placed? ____ Yes ____ No

17. Does your agency always obtain a current medical (including psychiatric, if indicated) evaluation of the child?[11] ____ Yes ____ No

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[9] Ibid., p. 16.

[10] Ibid., p. 78-79.

[11] See Resource Section, pp. VI 6-8, for a description of important medical information. See also The Adoption of Children (Evanston, Illinois: American Academy of Pediatrics, 1973), available from the Academy at P.O. Box 1034, Evanston, Illinois 60204.

18. Does your agency always use guidelines for evaluating prospective adoptive parents which include the following areas:12/

   a. Total personality? ____ Yes ____ No

   b. Emotional maturity? ____ Yes ____ No

   c. Quality of marital or familial relationships? ____ Yes ____ No

   d. Previous contact with children? ____ Yes ____ No

   e. Ability to parent? ____ Yes ____ No

   f. Motivation to adopt? ____ Yes ____ No

19. Does your agency always provide adequate explanation of all the steps in the adoption process ____ Yes ____ No

20. If applicants are rejected, does the agency review with them the reasons for rejection?13/ ____ Yes ____ No

21. If the applicants are determined to be inappropriate for a particular child, does the worker always explain that this does not represent a judgment about their suitability to adopt other children?14/ ____ Yes ____ No

Objective C: Effective Selection of Adoptive Parents

22. Are both the adoptive parents, any biological children and the adoptive child, if not an infant, always involved in the decision to adopt? ____ Yes ____ No

23. Does your agency use criteria for selecting parents for adoptive children which include:

   a. Evaluation of the capacity of prospective parents to meet the needs of particular children? ____ Yes ____ No

   b. Cultural and racial background of biological parents? ____ Yes ____ No

---

12/ Kadushin, Child Welfare Services, p. 535, and CWLA Standards for Adoption Services, pp. 43-46.

13/ CWLA Standards for Adoption Services, p. 47.

14/ Ibid., p. 48.

c. Religious preferences of school-age adoptees? ____ Yes ____ No

d. The type of child for which the prospective parents may have expressed a preference? ____ Yes ____ No

24. Are your criteria reviewed in light of the age, race or cultural background and/or disability of the children being placed? ____ Yes ____ No

Objective D: Support Services to Ensure Successful Placement

25. Does your agency always provide the adoptive parents with the following information about the child, in writing if appropriate:

a. Medical history of the child? ____ Yes ____ No

b. Any special health problems of the child? ____ Yes ____ No

c. Any medication the child may need--where and how it can be obtained? ____ Yes ____ No

d. Any other particular medical services the child may need and how they can be obtained? ____ Yes ____ No

e. Any health problems of the biological parents or family that could affect the child (e.g., sickle cell anemia)? ____ Yes ____ No

f. Relevant aspects of biological parents' background? ____ Yes ____ No

g. Child's previous placement experiences? ____ Yes ____ No

h. Behavioral characteristics of the child? ____ Yes ____ No

i. Eating and sleeping habits of the child? ____ Yes ____ No

j. Educational level and school records of child? ____ Yes ____ No

26. Does the written information given to the parents always become a part of the agency record? ____ Yes ____ No

27. Does pre-placement preparation of adoptive parents include discussion of ways in which adoptive placement may temporarily alter the child's behavior patterns? ____ Yes ____ No

28. Is pre-placement counseling offered to adoptive parents to adequately prepare them for the parenting task? ____ Yes ____ No

29. Does the preparation of the child for adoption always include:15/

a. Help with understanding the reasons for adoption? ____ Yes ____ No

b. Help with separation from foster and/or biological parents? ____ Yes ____ No

c. Chance to visit his/her prospective adoptive parents? ____ Yes ____ No

d. Help to resolve anxiety about the possibility of rejection by the adoptive parents? ____ Yes ____ No

30. Does your agency require a minimum time period, consistent with state law, of at least six months before an adoption can be finalized?16/ ____ Yes ____ No

31. Is the decision to finalize an adoption made jointly by parents and agency as soon as appropriate after the minimum time period has elapsed?17/ ____ Yes ____ No

32. Does your agency provide individual counseling when necessary to biological parents, adoptive parents, and adoptees after the adoptive placement?18/ ____ Yes ____ No

33. Does your agency have a policy (consistent with your state law) concerning confidentiality and the release of information about biological parents to adoptees?19/ ____ Yes ____ No

34. Do your post-placement services include discussion or support groups for adoptive parents and children? ____ Yes ____ No

35. Do you encourage adoptive parents to join adoptive parent clubs?20/ ____ Yes ____ No

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15/ See Resource Section, pp. VI 17-19, for further description of preparation of the child for adoption.

16/ CWLA Standards for Adoption Services, p. 40.

17/ Ibid., p. 40.

18/ Ibid., p. 35.

19/ See Resource Section, p. VI 10, for further discussion of this issue.

20/ See Resource Section, p. VI 32, for further information on the North American Council on Adoptable Children.

36. Are adoptive parents informed that they can come back to the agency for counseling after finalization of the adoption if necessary? ____ Yes ____ No

---

Add up the number of questions under GOAL I to which you answered "NO". Divide this number by the total number of questions under GOAL I (62). Do not include the performance indicator questions in either calculation.

$$\text{Percent "NOs"} = \frac{\text{Number of "NOs"}}{62} \times 100 = \_\_\_\_\_\_\_\_\%$$

GOAL II: ENOUGH HOMES FOR ALL ADOPTABLE CHILDREN

Performance Indicators: Goal I applies to adoptive placement of all children. The following section is devoted to the adoption of those children traditionally considered hard-to-place. Goal II objectives and criteria reflect the experiences and recommendations of agencies successful in placing these older, minority and/or handicapped children in permanent homes.

- Does your agency limit or refuse to accept minority or special-needs children for adoptive placement? ____
- Does your agency have a backlog of minority or special-needs children who are, or may possibly be, free to be placed?21/ ____
- Do any children remain in foster care without significant biological parent contact who could be freed for adoption? ____
- Do more than six months usually elapse between the time a special-needs child is free for adoption and adoptive placement? ____
- Do more than 20% of adoptive applicants withdraw application prior to adoption? ____
- Do you approve less than 75% of the families whose applications have been accepted after the initial interview? ____

If you checked any of the above questions, you should review your procedures for identifying children eligible for adoption and for recruiting adoptive parents for minority and special-needs children.

Objective A: Early Identification of All Children for Whom Adoption is Appropriate

1. Is an assessment made, at the time each child enters the agency's care, as to the likelihood of his/her returning home? ____ Yes ____ No

---

21/ A "Yes" answer to this and the following question may be related to inadequate legal services, indicating a need for improvement in this area.

2. Are all the children in your agency's foster care caseload regularly reviewed (at least every six months) to assess the likelihood of their returning home?22/ ____ Yes ____ No

3. Is a special attempt made to identify those children who may be eligible for adoption? ____ Yes ____ No

4. Do you obtain specialized legal counsel to help you identify those children who could be freed for adoption? ____ Yes ____ No

Objective B: Recruitment of Adoptive Parents for Minority Children and Special-Needs Children

5. Does your agency have an active program directed toward recruiting families for minority and special-needs children?23/ ____ Yes ____ No

6. Are influential social institutions (such as P.T.A's, charitable organizations, and churches) identified and used in recruitment? ____ Yes ____ No

7. Do staff immediately follow up on each prospective adoptive parent inquiry?24/ ____ Yes ____ No

8. Does the agency use adoptive parents of minority and special-needs children in outreach programs to help find prospective parents? ____ Yes ____ No

9. Do you utilize innovative techniques such as special slide shows, films or video-tapes of available children in your recruitment?25/ ____ Yes ____ No

10. Do you regularly place classified ads for parents in the newspaper? ____ Yes ____ No

11. Do you supply newspapers with feature or special interest articles on particular children? ____ Yes ____ No

12. Do you place public interest spots on television publicizing your need for adoptive parents? ____ Yes ____ No

---

22/ See Intake Service Choice Resource Section for criteria to guide early identification of adoptable children.

23/ See Resource Section, pp. VI 12-20, regarding adoption of special-needs children and strategies to increase supply of adoptive homes.

24/ See Resource Section, p. VI 24. It is suggested that inquiries be responded to within 24 hours, and appointments scheduled for no more than 10 days from date of inquiry.

25/ See Resource Section, pp. VI 22-25.

13. Do you encourage local TV stations to feature your special children in your effort to recruit families for them? ____ Yes ____ No

14. Do you distribute printed material such as brochures and posters? ____ Yes ____ No

15. Do you advertise on minority oriented radio stations? ____ Yes ____ No

16. Does your agency have cooperative agreements with other adoption agencies to facilitate finding adoptive parents for your adoptable children? ____ Yes ____ No

17. Does your agency use adoption registers or exchanges to share its resources and needs with other agencies?[26] ____ Yes ____ No

18. Does your agency use adoption subsidies to support adoptive placements for your special-needs children?[27] ____ Yes ____ No

19. Are current foster parents regularly asked if they wish to adopt a child in their care, if appropriate? ____ Yes ____ No

20. Do you encourage foster parents to adopt children if they are interested and it is clear that the child will not return to his/her biological parents? ____ Yes ____ No

21. Do you allow single parent adoptions?[28] ____ Yes ____ No

22. Do you always explore, with adoption applicants for infants, the possibility of their adopting a special-needs child? ____ Yes ____ No

23. Is the number of minority persons on your professional staff proportional to their representation in the community? ____ Yes ____ No

24. Do your caseworkers make home visits to prospective adoptive parents on evenings and week-ends? ____ Yes ____ No

25. Do you utilize group intake to more efficiently pre-screen adoptive applicants? ____ Yes ____ No

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[26] See Resource Section, pp. VI 28-31, for a discussion of Adoption Exchanges.
[27] See Resource Section, pp. VI 25-26, which concerns the use of subsidies.
[28] See Resource Section, pp. VI 31-32, addresses single parent adoptions.

26. Without sacrificing the quality of service, have you eliminated or modified those elements of the adoption process thought to alienate prospective adoptive parents, such as:

a. Voluminous forms, interviews, and questions? ____ Yes ____ No

b. Extended waiting periods? ____ Yes ____ No

c. Inflexible or arbitrary age limits? ____ Yes ____ No

d. Employment restriction for adoptive mother? ____ Yes ____ No

e. Fertility tests? ____ Yes ____ No

f. Financial requirements? ____ Yes ____ No

27. In view of the fact that minority agencies appear to have more success in recruiting minority adoptive parents, do you contract your recruitment of minority parents to a minority agency?29/ ____ Yes ____ No

28. Does your agency regularly evaluate the success of its programs to recruit parents for minority and special-needs children? ____ Yes ____ No

29. Do you routinely question applicants who later withdraw concerning their reasons for withdrawal? ____ Yes ____ No

30. Have you determined that your recruitment campaigns present a realistic picture of the type of families you are looking for? ____ Yes ____ No

31. Do you utilize a cost accounting system that separates and substantiates costs of the various activities in the adoption process?30/ ____ Yes ____ No

Add up the number of questions under GOAL II to which you answered "NO". Divide this number by the total number of questions under GOAL II(36). Do not include the performance indicator questions in either calculation.

$$\text{Percent "NOs"} = \frac{\text{Number of "NOs"}}{36} \times 100 = \_\_\_\_\_\_\_\_\%$$

29/ See Families for Black Children (Washington, D.C.: U.S. Department of Health, Education, and Welfare, 1976), pp. 15-31, and "The Black Child Advocacy Adoption Project Report" (Washington, D.C.: Black Child Development Institute, 1971), and Resource Section, p. VI 15.

30/ See Resource Section, pp. VI 21-22, for a discussion of two model adoption payment systems.

VII. RESIDENTIAL GROUP CARE

Children's Bureau
Publications Unit
P.O. Box 1182
Washington, D.C. 20013

VII. RESIDENTIAL GROUP CARE CHECKLIST

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INTRODUCTION

The Local Child Welfare Services Self-Assessment Manual contains eight sections, including an introduction and seven sections covering a different facet of the child welfare system. The first part of each of the seven sections (II-VIII) is a self-assessment checklist. Accompanying each checklist is a resource section that highlights research findings and provides a bibliography. Specific references to the resource material are footnoted throughout the checklists.

Definition

A desirable and appropriately used residential group care facility provides services which help meet a child's developmental needs and unique physical, mental, or emotional problems. Residential group care placement is the treatment of choice only when a child has special needs which cannot be met in a family or independent setting, and where the facility has special services and competence to meet these needs.

Residential group care is provided in facilities where four or more children are cared for by individuals who are paid for their services. These facilities house children with a wide variety of problems including neglect, abuse, and dependency; physical, emotional, or mental handicaps; drug or alcohol abuse; and/or adjudicated delinquency. These housing arrangements are generally classified as group homes or institutions.

"Group Homes: All group homes are differentiated from foster homes by the fact that no matter what changes or upheavals there are in staff, the children remain in the home. Usually group homes are located within a residential community. The children and staff participate to the best of their ability in the civic life of the community, attending schools, churches, social and political activities. The building and its upkeep fit into the general style of the community and the structure is not significantly distinguishable from the adjacent residences. Group homes are divided into three categories:

1. Foster Group Homes. A family group home is an extended foster home, rented or owned by the agency, in which foster parents (couples or single), with or without the help of relief foster parents, take care of four to six children. The group parents may be employees of the agency or receive payment, as do regular agency foster parents, on a board rate or service fee basis.

2. Agency Group Homes. An agency group home is owned or rented by the agency and a child care staff is employed to take care of six to twelve children.

3. Group Residence. A group residence is owned or rented by an agency. A child care staff takes care of ten to twenty children. Peer group interaction is the major form of socialization.

Institutions: An institution is one or more buildings especially established for the purpose of housing and caring for groups of children (fifteen or more) who cannot live with their families. It may be located either within or outside a residential community." 1/ Institutions mainly serve children who are dependent and neglected, who cannot remain in their own homes, have problems in adapting to their environment, or who come to the institution because of serious emotional problems. Residential treatment centers are defined as institutions designed to provide a therapeutic program for children with severe emotional problems.

Organization

The two goals in this section cover successful residential group placements and sufficient residential group care facilities to meet community needs. The first goal emphasizes the enforcement of licensing requirements, specific matching of facilities to a particular child, and giving support by providing ongoing services to parent(s) and child within the context of the scheduled objectives of the case plan. The second goal is followed by objectives to increase the quality, supply and variety of facilities in order to meet the needs of all children for whom residential placement is appropriate. The use of agency operated group homes is also addressed.

Data Requirements

When answering performance indicator questions, it will usually be necessary to consult agency records or reports for exact figures; however, in some cases it may be sufficient for assessors to respond on the basis of their professional judgment. In order to answer the questions in this section, the person completing the checklist should be familiar with procedures for the licensing and evaluation of facilities, descriptions of all facilities used by the agency, criteria for matching children with appropriate facilities, preplacement, support, and follow-up services, and review of cases for return home or transfer. It is also necessary to know how the agency involves and mobilizes the community when additional residential group care facilities are needed. The person should also be knowledgeable about the agency's use of group homes.

Specific data needs include, for the past year, the percentage of children in care who have been "replaced" in other residential group care facilities, whether any children are in inappropriate facilities, and whether any children with a goal to return home have been in residential group care for over two years.

1/ M. Mayer et al., Group Care In North America (New York: Child Welfare League of America, 1976), pp. 244-245. It should be noted that there exists a wide variation in the classifications and definitions of different types of residential group care facilities.

INSTRUCTIONS FOR COMPLETING THE CHECKLIST

Respond to the performance indicator questions stated under each goal by checking those which are applicable to your agency. Your responses will help pinpoint agency deficiencies and strengths and will indicate how actual agency outcomes in each service area compare with those that are generally considered best practice.

If any of the performance indicator questions were checked then you should also complete the criteria questions under each objective. Your agency may find it useful to review the procedures and concepts suggested by the criteria questions.

Answer "yes" or "no" to the questions included under each goal. Add up the number of criteria questions to which you answered "no", and calculate the percent of "no" questions under each goal using the formula. Any questions left blank should be counted as a "no" answer. No space has been provided for "not applicable" responses to emphasize that although issues raised in some questions may be outside of the agency's span of control, they nevertheless may be within an agency's sphere of influence.

After calculating the percent of "no" answers for each goal, enter these percent scores on the Goal Summary Chart on pages 9 - 10 of the Introduction. Recording these scores provides a method for agency administrators to compare performance across all program areas.

For those goals where your agency's performance is deficient, refer to the checklist questions which, in substance, suggest best practice. In addition, the accompanying Resource Section discusses methods which have worked in other agencies and indicates where further information may be obtained. References to the Resource Section(s) are footnoted throughout the checklist.

A variety of methods may be employed to complete the self-assessment. The assessment process is designed to provide a strategy for constructive change within your agency and to improve communication among all levels of staff. Agency administrators and supervisors may wish to complete the checklists independently. An alternative method would be to complete them in staff or committee meetings. Performance indicators or criteria questions eliciting disagreement should be freely and openly discussed and could provide a basis for staff development activities.

It is recognized that a wide variation exists among local agencies in geographic location, agency size, characteristics of client population, staff turnover, and other factors. The Manual is designed so that each agency can determine the proportion or pattern of "no" responses which exceeds good local practice. In this way the agency can obtain baseline measures for gauging improvements over time.

RESIDENTIAL GROUP CARE

GOAL I: SUCCESSFUL RESIDENTIAL GROUP CARE PLACEMENTS

Performance Indicators:

- Within the past year, have more than 5 percent of children in residential care been "replaced" in other residential care facilities? ____
- Do you have any children in inappropriate facilities such as:
  - a. Any non-handicapped children under six in residential group care (other than with siblings)? ____
  - b. Any status offenders, who are not disturbed, in facilities designed for adjudicated delinquent children? ____
  - c. Any aggressive acting-out children of normal intelligence in facilities for mentally retarded? ____
- Do you have any children who have been in residential care longer than two years whose case plan reflects the goal to return home?
- In the past year, has any child remained in residential group care placement three months or longer after she/he has been declared ready for release? ____
- Do you have any children in residential group care with a goal to return home but no work is being done with the natural parents? ____

Effective utilization of group care necessitates adequate standards for the facilities themselves as well as high quality casework and support services to the child and parents. If you checked any of the above questions, you may need to enforce licensing requirements (if this is within the realm of your responsibilities) or make an effort to ensure that states utilize licensing requirements. You might also need to improve the matching of children to particular types of care, improve the quality of casework and support services to parents and children for whom group care is indicated, or improve termination procedures.

Objective A: Meeting Licensing Requirements for Residential Group Care

1. Do all child caring institutions utilized by this agency meet either existing state requirements for licensing, or other written and applied criteria?2/ ____ Yes ____ No

2. If your agency operates its own group care facilities, are these facilities periodically evaluated by an independent standard setting group such as the licensing staff or CWLA? ____ Yes ____ No

3. Are the facilities used by this agency monitored for continuing compliance with standards through:

   a. Supervisory visits at least every six months? ____ Yes ____ No

   b. In-depth study at least every five years?3/ ____ Yes ____ No

   c. A periodic review by supervisors of a sample of group home records? ____ Yes ____ No

4. Do your placement workers have access to current licensing information on every group care facility? ____ Yes ____ No

Objective B: Matching Children with Appropriate Residential Group Care Facilities

5. Do workers have available to them a description of each facility used by your agency which includes at least the following:4/

   a. Capacity? ____ Yes ____ No

   b. Specific behavioral problems and/or emotional disturbances that the institution believes it is capable of treating? ____ Yes ____ No

   c. Staff and specialists available? ____ Yes ____ No

   d. Treatment and educational objectives? ____ Yes ____ No

2/ See Resource Section, pp. VII. 5-8, for a discussion of standards for residential facilities. These include Child Welfare League of America, Joint Commission on the Accreditation of Hospital Standards, National Institute of Mental Health Criteria, and the Interstate Compact on Placement of Children.

3/ *Standards for Foster Family Services System* (Washington, D.C.: American Public Welfare Association, 1975), pp. 9-10.

4/ See Resource Section, pp. VII 9-11, for a discussion of two proposed typologies for designing useful agency profiles.

e. Physical plant? ____ Yes ____ No

f. Fee charged per child?5/ ____ Yes ____ No

g. Average or expected length of stay? ____ Yes ____ No

6. Do workers usually have firsthand knowledge of a facility prior to any placement or preplacement visit by a client? ____ Yes ____ No

7. Do workers evaluate the child with regard to the following characteristics:6/

a. Severity of emotional disturbance? ____ Yes ____ No

b. Extent and age of acting-out behavior? ____ Yes ____ No

c. Age? ____ Yes ____ No

d. Intellectual ability? ____ Yes ____ No

e. Severity of psychological impairment? ____ Yes ____ No

f. Personal strengths? ____ Yes ____ No

g. Need for structured support services? ____ Yes ____ No

h. Ability to tolerate group life? ____ Yes ____ No

i. Ability to participate in the community? ____ Yes ____ No

j. Ability to attend public school? ____ Yes ____ No

k. The type of emotional environment needed by the child? ____ Yes ____ No

l. Physical problems? ____ Yes ____ No

8. Do you have established written criteria for determining which types of facilities are most appropriate for a particular child's characteristics? ____ Yes ____ No

9. Before matching, do you investigate and consider:

a. The child's choice of placement? ____ Yes ____ No

5/ See Resource Section, pp. VII 17-19, for a discussion of a study relating costs of residential care to child characteristics. Another study in this section determined how costs to an agency would be altered if all children were placed "appropriately."

6/ See Resource Section, pp. VII 12-16, for a description of how these characteristics are related to placement decisions.

b. The parent's choice of placement? ____ Yes ____ No

c. The projected length of stay? ____ Yes ____ No

10. In cases where the goal is to return the child to the home, is top priority given to placing the child as close to home as feasible?7/ ____ Yes ____ No

11. In selecting a facility, do workers use current information about the experiences of children in that facility. ____ Yes ____ No

Objective C: Continuous Agency Support During Group Care Placements

12. Where possible, do you arrange for the parents and child to visit the facility after the child has been accepted for placement but before the child is placed? ____ Yes ____ No

13. Are the child and parents given a full description of the facility, the program, what to expect, and what is expected of them? ____ Yes ____ No

14. Are parents always given as much responsibility for preparing the child for the placement as they can handle?8/ ____ Yes ____ No

15. Is timing and preparation of each child adapted to the child's capacity and readiness?9/ ____ Yes ____ No

16. In cases where there is any possibility that the child will return to his/her parents, does the worker impress upon the parents the importance of visiting their child?10/ ____ Yes ____ No

17. Does your agency encourage parents to visit their children by providing or helping with transportation? ____ Yes ____ No

18. Does the worker provide supportive assistance to the child immediately after placement to help alleviate the stress of separation? ____ Yes ____ No

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7/ When necessary, out-of-state placement should be done in accordance with the Interstate Compact on Placement of Children. See Resource Section, p. VII-8.

8/ Child Welfare League of America Standards for Services of Child Welfare Institutions (New York: Child Welfare League of America, 1974), p. 26. According to CWLA, "the more the parents can be helped to take responsibility for preparation, the easier it will be for the child to accept placement."

9/ Ibid.

10/ See Resource Section, p. VII-21, for a discussion of the impact of parental visits.

19. Does the worker provide supportive assistance to the parent(s) immediately after placement to help them deal with feelings engendered by placement? ____ Yes ____ No

20. Is supportive assistance provided by the worker throughout the period of placement? ____ Yes ____ No

21. Where appropriate, do you ensure the child's continuing involvement in his/her community by providing transportation, financial aid or other services? ____ Yes ____ No

22. When the goal is to return the child to the home, are casework services provided to parents to alleviate the precipitating factors which contributed to the need for placement? ____ Yes ____ No

23. Does this agency support the ongoing work of the treatment agency by establishing a working relationship with the agency? ____ Yes ____ No

Objective D: Meeting Scheduled Objectives in Residential Group Care Placements 11/

24. Is a formal agreement made among the agency worker, the group care staff worker, child (where age makes this appropriate), natural parent(s) and/or foster parents which includes the following:

    a. Scheduled visits and contacts? ____ Yes ____ No

    b. Identification of specific changes necessary in order for child to return home? ____ Yes ____ No

    c. Anticipated time needed to achieve these changes? ____ Yes ____ No

    d. Work required to bring about each change, including casework support to natural or foster parents? ____ Yes ____ No

25. Is placement reviewed at least every four to six months by caseworker, staff of facility, child, and parents with a view toward achieving a permanent living situation? ____ Yes ____ No

---

11/ See Resource Section, pp. VII 20-24, for a breakdown of factors which have been shown to be associated with a child's returning home after a placement. The Boston Children's Service Treatment Alternatives Project is discussed as a successful system for periodic review of placement.

26. Does this review include, when appropriate:

    a. Medical review of child? ____ Yes ____ No

    b. Review of treatments received? ____ Yes ____ No

    c. Review of child's response to treatment? ____ Yes ____ No

    d. Review of necessity to continue treatment? ____ Yes ____ No

    e. Realistic assessment of natural parents' ability to care for the child? ____ Yes ____ No

27. Do supervisors regularly review cases to determine if:

    a. Necessary progress has been made with the child or parent(s) of a child whose goal is to return to his/her home? ____ Yes ____ No

    b. A child has been in residential group care for over two years whose goal is to return to his/her home? ____ Yes ____ No

    c. The child's family is receiving help toward the child's eventual return home? ____ Yes ____ No

    d. A child is in residential group care who is potentially adoptable? ____ Yes ____ No

    e. A child is in residential group care who is over 18 years of age and/or capable of independent community living?[12] ____ Yes ____ No

28. Before termination of a placement, does the child gradually extend contacts with his own family to aid in the transition back to family life? ____ Yes ____ No

29. Do plans for return home include a visit to the parents' home? ____ Yes ____ No

---

[12] For information write: "Independent Living Program", Children's Service, Inc., 311 South Juniper Street, Philadelphia, Pennsylvania.

30. Are aftercare services provided to help parents and child during the period of adjustment after return home?[13/] ____ Yes ____ No

Add up the number of questions under GOAL I to which you answered "NO". Divide this number by the total number of questions under GOAL I (62). Do not include the performance indicator questions in either calculation.

$$\text{Percent "Nos"} = \frac{\text{Number of "NOs"}}{62} \times 100 = \_\_\_\_\_\_\_\%$$

[13/] See Resource Section, pp. VII 21-23, for a discussion of the findings of Taylor and Alpert regarding the importance of the continuity of family support after discharge.

GOAL II: ENOUGH RESIDENTIAL GROUP CARE FACILITIES TO MEET DETERMINED NEED

Performance Indicators:

- o Does your community have group care facilities with more children than the licensed capacity? ____
- o Does your community have long waiting lists for admission to group care facilities? ____
- o In the past year, did you place any children in alternative types of placement because the placement of choice was not available? ____
- o In the past year, have you had to go outside your county when you did not want to, to find appropriate group care? ____
- o Have you placed any adolescents, whose needs could best be met in a group home setting, in other types of facilities because you have no group homes? ____

If you checked any of the above questions, you may not have available enough appropriate group care facilities to meet your children's needs. You may need to explore innovative ways to use facilities as well as develop new resources, such as group homes.

Objective A: Providing Quality Care and Treatment to Children In Group Care Facilities [14]

1. Do you encourage community child welfare leaders and institutional directors to develop more community-oriented services and programs? ____ Yes ____ No
2. Do you meet regularly with directors of group placement facilities in order to communicate the needs of the agency's children? ____ Yes ____ No
3. Do you explore alternative ways of using under-utilized facilities (such as converting large-scale institutions to residential treatment centers)? ____ Yes ____ No
4. Do you actively encourage the development of more community-based facilities?[15] ____ Yes ____ No

---

[14] See Resource Section, pp. VII 25-27, for a description of a method developed by George Thomas to encourage institutions to make complex and difficult changes in the direction of providing care that is more community oriented.

[15] See Resource Section, pp. VII 26-27, for the results of a study by George Thomas of institutions in Georgia concerning the comparative effectiveness of custodial versus community oriented care facilities.

5. Do you work closely with law enforcement personnel and the courts to facilitate prompt placement of status offenders? ____ Yes ____ No

Objective B: Encouraging the Development of Needed Residential Group Care Resources

6. Is a regular assessment of community needs for residential group care conducted? ____ Yes ____ No

7. Do you inform the community of the extent of unmet placement needs? ____ Yes ____ No

8. Does your agency develop facilities such as group homes to meet specific needs when necessary? ____ Yes ____ No

9. Are your reimbursements to group facilities sufficient to encourage development of needed types of care? ____ Yes ____ No

Objective C: Using Group Homes As An Agency Resource

10. Are group homes used as a part of this agency's regular service program to supplement the use of other facilities?[16] ____ Yes ____ No

11. Is at least one of the following types of group homes utilized by this agency (group foster family homes, specialized foster family homes, agency owned foster homes, agency operated group homes, group residences)?[17] ____ Yes ____ No

12. Are the group homes used by your agency located in a community which enables the child to share in normal community living? ____ Yes ____ No

13. Are your group homes accessible to community resources which include:

    a. Schools? ____ Yes ____ No

    b. Public transportation? ____ Yes ____ No

    c. Vocational programs? ____ Yes ____ No

    d. Employment opportunities? ____ Yes ____ No

---

[16] See Resource Section, pp. VII 28-29, for a discussion of group homes.

[17] M. Gula, "Group Homes-New And Differentiated Tools In Child Welfare," in Group Homes in Perspective (New York: Child Welfare League of America, 1964), cites these as the five major group home innovations.

14. Are group homes provided with clinical and supportive services? ____ Yes ____ No

15. Is the selection, training and supervision of the group home staff carried out by an experienced supervisor? ____ Yes ____ No

16. Are child care workers in the agency-administered group home given written guidelines delineating their roles and job responsibilities?[18/] ____ Yes ____ No

17. Is a conference held between the caseworker, a supervisor and/or one or more of the group home staff or foster parents before admitting a child to a group home? ____ Yes ____ No

18. Are agency administered group homes the placement choice for those children who are unwilling or unable to meet the demands of relating to foster parents or the demands of an institution? ____ Yes ____ No

19. Are children placed in group homes expected to return to their community eventually? ____ Yes ____ No

20. Are review conferences held at least every four to six months for each child placed in a group home? ____ Yes ____ No

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Add up the number of questions under GOAL I to which you answered "NO". Divide this number by the total number of questions under GOAL I (23). Do not include the performance indicator questions in either calculation.

$$\text{Percent "NOs"} = \frac{\text{Number of "NOs"}}{23} \times 100 = \_\_\_\_\_\_\_\_ \%$$

[18/] See E. Hirschbach, "Memo to Child Care Workers on Their Role in Group Homes," Child Welfare 55:10 (October 1976), pp. 681-690.

VIII. CASE MANAGEMENT/ADMINISTRATION

Children's Bureau
Publications Unit
P.O. Box 1182
Washington, D.C. 20013

VIII. CASE MANAGEMENT/ADMINISTRATION CHECKLIST

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INTRODUCTION

The Local Child Welfare Services Self-Assessment Manual contains eight sections, including an introduction and seven sections covering a different facet of the child welfare system. The first part of each of the seven sections (II-VIII) is a self-assessment checklist. Accompanying each checklist is a resource section that highlights research findings and provides a bibliography. Specific references to the resource material are footnoted throughout the checklists.

Definitions

Several terms will be defined to clarify their use within this section. Case Tracking is a mechanism for providing current and readily available status information on each client. Status Information refers to any of the following types of information that an agency may require for efficient case management and administrative purposes: eligibility, service unit, active/inactive, or emergency/routine. Case Monitoring is following the progress of a client according to previously specified goals and objectives. Case Review is the process of utilizing information obtained through tracking and monitoring procedures for decisions regarding continuation, termination or implementation of alternative case plans.

Purpose

The purpose of this section is to assess case management concepts and administrative procedures that can affect case outcomes. The issues involved in Case Management/Administration are addressed under four goals. The first goal is directed toward achieving complete, objective, consistent, and manageable case records. The second goal covers record management procedures related to loss of records, delay in service provision, problem identification, and confidentiality of individually identifiable information. The third goal assesses effectiveness of information systems. Goal IV covers reduction of staff turnover through effective utilization, staff development and in-service training, satisfying working conditions, and improved communication among all levels of staff.

Data Needs

When answering performance indicator questions, it will usually be necessary to consult agency records or reports for exact figures; however, in some cases it may be sufficient for assessors to respond on the basis of their professional judgment. In order to complete this section very few specific quantitative data are needed. However, a sample of case records should be reviewed to determine: (1) degree of completeness and accuracy of recorded information; (2) level of organization and objectivity of material in records; and (3) if consistency exists in service plans between workers. In addition, there should be familiarity with: record management, review, and transfer procedures and controls; their level of effectiveness; presence and duration of delay in service provision; and the responsiveness of the agency's tracking and data system. Figures reflecting overall staff turnover for the past two years, as well as turnover rate of caseworkers involved in direct services to clients for the past year, are also necessary for a thorough understanding of staffing issues in an agency. Additionally, a manager should be aware of the supervisory techniques used in the agency, and will need to know the criteria according to which cases are assigned.

INSTRUCTIONS FOR COMPLETING THE CHECKLIST

Respond to the performance indicator questions stated under each goal by checking those which are applicable to your agency. Your responses will help pinpoint agency deficiencies and strengths and will indicate how actual agency outcomes in each service area compare with those that are generally considered best practice.

If any of the performance indicator questions were checked then you should also complete the criteria questions under each objective. Your agency may find it useful to review the procedures and concepts suggested by the criteria questions.

Answer "yes" or "no" to the questions included under each goal. Add up the number of criteria questions to which you answered "no", and calculate the percent of "no" questions under each goal using the formula. Any questions left blank should be counted as a "no" answer. No space has been provided for "not applicable" responses to emphasize that although issues raised in some questions may be outside of the agency's span of control, they nevertheless may be within an agency's sphere of influence.

After calculating the percent of "no" answers for each goal, enter these percent scores on the Goal Summary Chart on pages 9 - 10 of the Introduction. Recording these scores provides a method for agency administrators to compare performance across all program areas.

For those goals where your agency's performance is deficient, refer to the checklist questions which, in substance, suggest best practice. In addition, the accompanying Resource Section discusses methods which have worked in other agencies and indicates where further information may be obtained. References to the Resource Section(s) are footnoted throughout the checklist.

A variety of methods may be employed to complete the self-assessment. The assessment process is designed to provide a strategy for constructive change within your agency and to improve communication among all levels of staff. Agency administrators and supervisors may wish to complete the checklists independently. An alternative method would be to complete them in staff or committee meetings. Performance indicators or criteria questions eliciting disagreement should be freely and openly discussed and could provide a basis for staff development activities.

It is recognized that a wide variation exists among local agencies in geographic location, agency size, characteristics of client population, staff turnover, and other factors. The Manual is designed so that each agency can determine the proportion or pattern of "no" responses which exceeds good local practice. In this way the agency can obtain baseline measures for gauging improvements over time.

CASE MANAGEMENT/ADMINISTRATION

GOAL I: COMPLETE, CONSISTENT & MANAGEABLE CASE RECORDS

Performance Indicators:

- Do more than 10% of active case records contain incomplete or inaccurate information? ____

- Are cases generally difficult to review due to:

  a. Unorganized presentation of information? ____

  b. Voluminous information? ____

  c. Subjective information? ____

- Have more than 5% of the case records of clients involved in court action contained insufficient information? ____

- Are there inconsistencies between workers in the goals they consider appropriate in relatively similar cases? ____

If you checked any of the above questions, your case recording procedures should be evaluated. The following objectives and criteria may help you to identify specific changes that could be made to improve procedures.

Objective A: Systematic & Consistent Recording of Objective Information Necessary for Effective Case Management

1. Is the following information included in all case records:

   a. Client characteristics? ____ Yes ____ No

   b. Reason for referral? ____ Yes ____ No

   c. Referral source? ____ Yes ____ No

   d. Caseworker assigned? ____ Yes ____ No

   e. Client goals? ____ Yes ____ No

   f. Types of services provided? ____ Yes ____ No

   g. Time-limited objectives? ____ Yes ____ No

   h. Eligibility determinations? ____ Yes ____ No

   i. Emergency or routine status? ____ Yes ____ No

j. Outcomes of service at termination? ____ Yes ____ No

2. Do you furnish case managers with written instructions regarding what information is to be recorded and how? ____ Yes ____ No

3. Do these instructions assist case managers to record material in an objective manner?[1] ____ Yes ____ No

4. Do case managers thoroughly document all efforts to deliver services to clients? ____ Yes ____ No

5. Do case managers promptly record (i.e., within 2 days) meaningful case activity? ____ Yes ____ No

6. Do caseworkers use a consistent format to record information?[2] ____ Yes ____ No

7. Is information contained in case records presented in such a way as to facilitate monitoring and review?[3] ____ Yes ____ No

Objective B: Manageable Case Records

8. Is information summarized as much as possible in case records? ____ Yes ____ No

9. Have you developed guidelines describing material that need not be retained indefinitely in case records? ____ Yes ____ No

10. Is insignificant material which does not contribute to decision-making, review, or evaluation discarded? ____ Yes ____ No

11. Can supervisors review cases within a reasonable period of time (i.e., less than one hour)? ____ Yes ____ No

12. Do your recording requirements place a minimum burden on caseworkers consistent with adequate documentation? ____ Yes ____ No

---

[1] See Resource Section, pp. VIII 6-17, for suggestions to assist case managers to record information.

[2] See Resource Section, pp. VIII 11-16, for a discussion of methods to increase systematic, consistent recording.

[3] See Resource Section, pp. VIII 20-22, regarding methods to facilitate review.

13. Are final summaries always dictated, recorded, and files deactivated within 30 days of termination?[4]	____ Yes	____ No
14. Is all material firmly attached to the record in such a way as to prevent loss?	____ Yes	____ No
15. Does every form include client's name and date of entry?	____ Yes	____ No

Add up the number of questions under GOAL I to which you answered "NO". Divide this number by the total number of questions under GOAL I (24). Do not include the performance indicator questions in either calculation.

$$\text{Percent "Nos"} = \frac{\text{Number of "NOs"}}{24} \times 100 = \underline{\qquad\qquad}\%$$

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[4] Recommended by the American Public Welfare Association in Standards for Foster Family Services Systems (Washington, D.C.: American Public Welfare Association, 1975), p. 31.

GOAL II: EFFICIENT RECORD AND CASE MANAGEMENT PROCEDURES

Performance Indicators:

- o Are case records often misplaced? ____
- o Are case records ever lost? ____
- o Are there usually gaps of more than five working days in delivery of planned services during intra-agency transfer of cases? ____
- o Is confidentiality of individually identifiable recorded information on clients often compromised? ____

If you checked any one of the above questions, your policies regarding management of case records and transfer of cases should be assessed. The following criteria may assist you in clarification and streamlining of procedures.

Objective A: Preventing Loss of Records

1. Is responsibility for handling and control of case records clearly stated? ____ Yes ____ No
2. Are record management procedures clearly understood by responsible individuals? ____ Yes ____ No
3. Is a daily log kept of any record checked out of the unit, by whom, and for what purpose? ____ Yes ____ No
4. Is a notation made on the log when each record is returned? ____ Yes ____ No
5. Is a staff member responsible for tracing any record which has not been returned within a specified length of time? ____ Yes ____ No
6. Are active and inactive case records stored separately? ____ Yes ____ No
7. Are records stored either within each unit or centrally in such a way as to be readily available? ____ Yes ____ No
8. Is each record identifiable by both case number and client name? ____ Yes ____ No
9. Is reponsibility for successful transfer of case records clearly assigned? ____ Yes ____ No
10. Are transfer forms, in duplicate, firmly attached to each record? ____ Yes ____ No

11. Does transfer form include: name of child, case number, caseworker's name, sending unit, receiving unit, and date of transfer? ____ Yes ____ No

12. Does one copy of transfer form function as a receipt to be returned to responsible individual when case record is received in receiving unit? ____ Yes ____ No

13. Does individual responsible for successful transfer maintain a file or log of cases in transfer status? ____ Yes ____ No

14. Does this file alert the responsible individual when a receipt for a transferred case has not been received within a certain length of time? ____ Yes ____ No

15. Are procedures for tracing a case lost in transfer clearly defined? ____ Yes ____ No

Objective B: Preventing Delay or Gaps in Provision of Services to Children During Transfer

16. Do caseworkers in sending unit always notify receiving unit of intent to transfer prior to actual transfer? ____ Yes ____ No

17. Is a caseworker in receiving unit assigned prior to transfer? ____ Yes ____ No

18. Do caseworkers involved in transfer communicate either by phone or in person? ____ Yes ____ No

19. Do you regularly monitor transfers to ensure that completion is within the specified time period? ____ Yes ____ No

20. To ensure continuity of care when each client is transferred to another agency or service provider, do the following occur:

    a. Caseworker contact with service provider or other agency? ____ Yes ____ No

    b. Follow-up contact with service provider or other agency? ____ Yes ____ No

    c. Follow-up contact with client? ____ Yes ____ No

Objective C: Pinpointing and Eliminating Problems

21. Are records inventoried at regular intervals using intake master list or each unit's master list of clients as a crosscheck to determine that:

    a. Each client has a case record? ______ Yes ______ No

    b. Each case record is accurately filed? ______ Yes ______ No

    c. Recording is complete? ______ Yes ______ No

22. Is a record kept of errors uncovered during inventories? ______ Yes ______ No

23. Are steps taken to uncover sources of error and eliminate problem areas?[5] ______ Yes ______ No

Objective D: Confidentiality of Individually Identifiable Information in Record System

24. Are files containing case records always locked when unattended? ______ Yes ______ No

25. Is access to files limited to authorized individuals? ______ Yes ______ No

26. Are workers aware of and conscientious about confidentiality? ______ Yes ______ No

27. If appropriate, are clients advised of their rights to: have access to records, request expungement of records, be informed of contents, inspect, and seek corrections? ______ Yes ______ No

28. Is every client requested to sign a release of information form if necessary? ______ Yes ______ No

Add up the number of questions under GOAL II to which you answered "NO". Divide this number by the total number of questions under GOAL II (32). Do not include the performance indicator questions in either calculation.

$$\text{Percent "Nos"} = \frac{\text{Number of "NOs"}}{32} \times 100 = \_\_\_\_\_\_\%$$

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[5] Periodic supervisory reviews may pinpoint and eliminate these problem areas. See Resource Section, pp. VIII 20-22, for a discussion of this issue.

GOAL III: AN EFFECTIVE INFORMATION SYSTEM

Performance Indicators

- o Is available status information on clients often inaccurate or outdated? ____
- o Do caseworkers and supervisors have difficulty identifying cases which need attention? ____
- o Do you have problems efficiently supplying data to fulfill state and federal reporting requirements? ____

An information system may be manual or automated and function separately or in conjuction with a case record system. An effective system provides all the information necessary to ensure that services are being provided as planned and assists in fulfilling reporting requirements. If you checked any of the above questions, your information system should be assessed. A review of the criteria questions and the resource section may provide practical suggestions for improvement.

Objective A: Assisting Workers and Supervisors to Monitor Cases

1. Do you have a system in place (either manual or automated) which tracks children in care?[6] ____ Yes ____ No
2. Does this system provide current status information on every client? ____ Yes ____ No
3. Is this information accessible to all units within your agency? ____ Yes ____ No
4. Are data updated immediately when a client's status changes? ____ Yes ____ No
5. Do caseworkers regularly report any change in the status of clients? ____ Yes ____ No
6. Do caseworkers and supervisors receive at least monthly status reports on clients? ____ Yes ____ No
7. Do caseworkers and supervisors have a means of efficiently identifying cases which need attention, such as:
    a. Clients who have not been contacted within a certain period of time? ____ Yes ____ No

---

[6] See Resource Section, pp. VIII 23-26, for a description of a manual tracking system, and a list of several automated systems in use in child welfare agencies.

b. Clients due for routine follow-up contact? ____ Yes ____ No

c. Clients whose cases are due for review? ____ Yes ____ No

d. Clients on whom special reports are due? ____ Yes ____ No

e. Clients who are approaching time limits specified in case plan? ____ Yes ____ No

f. Client birthdays which may affect their status? ____ Yes ____ No

g. Clients who need a special item review or follow-up? ____ Yes ____ No

h. Clients whose guardianship (entrustment) agreement is due to expire? ____ Yes ____ No

8. Can your system be utilized by supervisory personnel to assist in evaluation of individual caseworker's caseloads with minimal time and effort? ____ Yes ____ No

Objective B: Adequate Data Collection Capability

9. Does your system collect basic data necessary to fulfill:

a. State reporting requirements? ____ Yes ____ No

b. Federal reporting requirements? ____ Yes ____ No

10. Do you routinely collect and aggregate the following data:

a. Demographic data on clients? ____ Yes ____ No

b. Services provided? ____ Yes ____ No

c. Length of service provision? ____ Yes ____ No

d. Actual cost of services to date? ____ Yes ____ No

e. Staff characteristics? ____ Yes ____ No

f. Annual staff turnover? ____ Yes ____ No

g. Client evaluation of services? ____ Yes ____ No

11. Is this information utilized for:

a. Needs assessment? ____ Yes ____ No

b. Planning? ____ Yes ____ No

c. Allocation of resources? ______ Yes ______ No

d. Documenting extent of unmet needs? ______ Yes ______ No

12. Are regular audits performed on your system? ______ Yes ______ No

13. Are regular checks made at random on:

a. Individual unit's caseloads? ______ Yes ______ No

b. Individual caseworker's caseloads? ______ Yes ______ No

c. Performance of clerical personnel who record or key punch information? ______ Yes ______ No

14. Do you routinely seek staff input regarding improvement of the system? ______ Yes ______ No

15. Do you allow sufficient time for training new staff members in the maintenance and utilization of the system? ______ Yes ______ No

16. Is the purpose of every data collection and reporting requirement clearly stated and understood by staff who must accomplish the task? ______ Yes ______ No

17. Have you emphasized to state and regional personnel your need for timely, accurate, and useful feedback derived from data and reports that you have submitted to them? ______ Yes ______ No

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Add up the number of questions under GOAL III to which you answered "NO". Divide this number by the total number of questions under GOAL III (36). Do not include the performance indicator questions in either calculation.

$$\text{Percent "Nos"} = \frac{\text{Number of "NOs"}}{36} \times 100 = \underline{\qquad\qquad}\%$$

GOAL IV: REDUCTION OF STAFF TURNOVER

Performance Indicators:

- o Do you often have professional staff performing functions that could be handled by lower level staff or volunteers? ____
- o Does your agency experience an unacceptably high rate of staff absenteeism? ____
- o Was your turnover of direct service workers higher than 25% during this past year? ____
- o Was your overall staff turnover rate during the past year equal to or greater than the rate for the previous year? ____

High staff turnover is a common and significant problem experienced by programs delivering child welfare services. Many of the other problems associated with inadequate performance in an agency are directly related to difficulty in retaining trained staff. If you checked any of the above questions, it may be possible to reduce your staff turnover rate by implementing policies or procedures suggested by the following objectives and criteria questions.

Objective A: Effective Utilization of Staff

1. Do you recruit indigenous paraprofessionals, if permissible under your state regulations, to work for the agency in their own communities? ____ Yes ____ No
2. Do you recruit volunteer workers from churches, women's groups, service clubs, and community charitable organizations? ____ Yes ____ No
3. Is a staff member responsible for coordinating activities of volunteers working for your agency? ____ Yes ____ No
4. Are the following professional specialists available to the agency on a fee basis?
   - a. Physicians? ____ Yes ____ No
   - b. Psychiatrists and psychologists? ____ Yes ____ No
   - c. Dentists? ____ Yes ____ No
   - d. Attorneys? ____ Yes ____ No
   - e. Educational specialists? ____ Yes ____ No

5. Are paraprofessionals and/or volunteers utilized for:

   a. Providing transportation? ____ Yes ____ No

   b. Child care? ____ Yes ____ No

   c. Helping persons to acknowledge their need for help? ____ Yes ____ No

   d. Teaching child care and home management skills? ____ Yes ____ No

   e. Providing information about the agency and other community resources and encouraging and offering assistance in their use? ____ Yes ____ No

   f. Keeping regular contact with schools or clinics? ____ Yes ____ No

   g. Tutoring children? ____ Yes ____ No

   h. Providing accepting and supportive relationships and helping a child or parent to overcome social isolation?[7] ____ Yes ____ No

   i. Organizing, leading and/or teaching group activities? ____ Yes ____ No

   j. Translating for clients whose English may be limited? ____ Yes ____ No

Objective B: Staff Development and In-Service Training to Increase Effectiveness and Upgrade Skills

6. Does each new worker have a period of orientation under intensive supervision? ____ Yes ____ No

7. Does the new worker have daily access to a supervisor during this period? ____ Yes ____ No

8. Are the strengths and weaknesses of each new worker realistically assessed and tasks and expectations adjusted accordingly? ____ Yes ____ No

9. Does every new worker gradually build up to a full caseload? ____ Yes ____ No

10. Do you offer workshops and continuous in-service training to workers, supervisors and administrators which cover the following subjects:

    For Direct Service Workers

    a. Child development? ____ Yes ____ No

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[7] See In-Home Services Resource Section for a discussion of the use of volunteers as "lay therapists."

b. Dynamics of abuse and neglect? ____ Yes ____ No

c. Recordkeeping/documentation procedures and agency policies? ____ Yes ____ No

d. Interviewing techniques? ____ Yes ____ No

e. Investigation/validation techniques? ____ Yes ____ No

f. Availability of and access to community resources? ____ Yes ____ No

g. Court procedures, testimony and rules of evidence? ____ Yes ____ No

h. Treatment skills and case planning? ____ Yes ____ No

i. Self-survival for workers to counteract emotional burnout? ____ Yes ____ No

For Administrative and Supervisory Staff

j. Supervisory techniques? ____ Yes ____ No

k. Program planning and development? ____ Yes ____ No

l. Resource development? ____ Yes ____ No

m. Interagency and community coordination? ____ Yes ____ No

n. Financing and budget formulation? ____ Yes ____ No

o. State and federal reporting procedures? ____ Yes ____ No

p. Data collection and analysis, and use of automated information systems? ____ Yes ____ No

q. Behavioral and communication factors in management? ____ Yes ____ No

r. Management techniques, such as management by objectives? ____ Yes ____ No

s. Working with boards of directors and advisory boards? ____ Yes ____ No

t. Program evaluation? ____ Yes ____ No

u. Research methods and applications? ____ Yes ____ No

11. Are workers encouraged to attend relevant state and national conferences? ____ Yes ____ No

12. Are workers provided the opportunity to take courses and attend workshops at local universities and mental health centers? ____ Yes ____ No

13. Do you have a work study program for graduate and undergraduate social work students? ____ Yes ____ No

14. Do you have a library with reference material on child welfare issues and subscriptions to relevant magazines and professional journals? ____ Yes ____ No

15. Is participation in some in-service training program required of every caseworker at least once a year? ____ Yes ____ No

16. Do you regularly seek staff suggestions regarding your in-service training and development program? ____ Yes ____ No

17. Do you assess the effectiveness and relevance of your program by collecting attendance data and staff opinions on every course offered? ____ Yes ____ No

Objective C: Working Conditions That Contribute to Job Satisfaction

18. Do you provide workers with position descriptions and a clear understanding of job responsibilities? ____ Yes ____ No

19. Is your pay scale competitive with the national/local market?[8] ____ Yes ____ No

20. Do you provide increased compensation for more specialized job assignments (e.g., protective services)? ____ Yes ____ No

21. Have you established over-time pay for staff required to be on call after hours? ____ Yes ____ No

22. Have you established norms of performance for staff having a variety of backgrounds, experience, education, and potential for growth? ____ Yes ____ No

23. Does your overall allocation of staff across various services reflect your agency's priorities? ____ Yes ____ No

24. Do staff have opportunities to advance, through experience and demonstrated competence, into more responsible positions? ____ Yes ____ No

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[8] The Child Welfare League of America conducts an annual analysis of child welfare agency staff salaries (except clerical) which may be of interest. Order from: CWLA, 67 Irving Place, New York, New York 10003.

25. Do you only promote individuals to supervisory positions who have the skills and training needed to fill the new role? ____ Yes ____ No

26. Do you evaluate staff time spent on travel, recording, and direct service?9/ ____ Yes ____ No

27. Do caseworkers spend a minimum of 50 percent of their time in direct service to clients? ____ Yes ____ No

28. Are cases assigned on the basis of their difficulty, and in consideration of other duties already assigned to the caseworker? ____ Yes ____ No

29. Do supervisors regularly review workloads to insure that:

a. Work has been equitably distributed? ____ Yes ____ No

b. Cases are being closed as promptly as possible consistent with good practice? ____ Yes ____ No

30. Have you reduced the burden of paper work on your workers as much as possible? ____ Yes ____ No

31. Have you informed regional and state level administrators of any requirements placed on workers' time that appear unreasonable? ____ Yes ____ No

32. Do you have a public relations program to increase support for your workers in the community?10/ ____ Yes ____ No

33. Do your physical facilities provide workers with adequate space and privacy for interviewing?11/ ____ Yes ____ No

Objective D: Improved Communication Among Staff, Supervisors and Administrators

34. Is staff/supervisor ratio a maximum of six to one? ____ Yes ____ No

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9/ See Resource Section, pp. VIII 29-30, for a discussion of various techniques for conducting time studies.

10/ Such a program would include public recognition of workers whose performance is outstanding, carefully timed news releases which discuss agency successes and problems, provision of speakers to present child welfare issues to community organizations, and open communication with the legislature, supervisory boards and courts regarding the responsibilities your workers carry.

11/ Further discussion of this subject and recommended standards for safety and comfort may be found in Standards for Social Service Manpower (New York: National Association of Social Workers, 1973), and in Standards for Foster Family Services Systems (Washington, D.C.: American Public Welfare Association, 1975).

35. Do supervisors hold regular group conferences with workers to:

    a. Discuss cases? ____ Yes ____ No

    b. Discuss agency policies and procedures? ____ Yes ____ No

    c. Facilitate the development of supportive relationships among workers where open communication on job related topics is encouraged? ____ Yes ____ No

36. Do supervisors give regular individual supervision to every staff member to:

    a. Facilitate and promote development and growth on the job through discussions of worker's performance? ____ Yes ____ No

    b. Determine if the worker meets the agency's standards of performance? ____ Yes ____ No

    c. Provide a channel for discussion and clarification of anxieties aroused by the nature of social work with children?12/ ____ Yes ____ No

37 Do supervisors and workers participate in evaluation of agency programs and policies? ____ Yes ____ No

38. Do administrators hold regular staff meetings with all the staff? ____ Yes ____ No

39. Are administrators available to assist in resolving problems between workers and supervisors? ____ Yes ____ No

40. Have you established grievance procedures and/or a grievance committee for staff? ____ Yes ____ No

41. Are staff members provided with manuals describing agency goals, policies and personnel practices? ____ Yes ____ No

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12/ See A. Kadushin, Supervision in Social Work (New York: Columbia University Press, 1976), p. 20. "The supervisor has the responsibility of sustaining worker morale, helping with job-related discouragements and discontents, giving supervisees a sense of worth as professionals, a sense of belonging in the agency, a sense of security in their performance."

42. Do you encourage ongoing internal communication and responsiveness to needs of other units by:

a. Actively soliciting suggestions and feedback? ____ Yes ____ No

b. Regular distribution of an agency newsletter, information bulletin, or inter-office memoranda? ____ Yes ____ No

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Add up the number of questions under GOAL IV to which you answered "NO". Divide this number by the total number of questions under GOAL IV (81). Do not include the performance indicator questions in either calculation.

$$\text{Percent "Nos"} = \frac{\text{Number of "NOs"}}{81} \times 100 = \_\_\_\_\_\_\_\_\%$$

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